2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Feb 14, 2003 8:00 am
Secretary of State
01-13-2003 90705 016 ****61.25

DOCUMENT # N96000004852

1. Entity Name
THE JOE LOGSDON AIDS FOUNDATION, INC.

Principal Place of Business	Mailing Address
2496 KIRKWOOD AVE. NAPLES FL 34112 US	2496 KIRKWOOD AVE. NAPLES FL 34112 US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 31-1486087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEVE TURNER
~~832 BELVILLE BLVD~~ 2496 KIRKWOOD AVE.
NAPLES FL ~~34101~~ 34112

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOGSDON, CHERYLANN ~~68 EMERALD WOODS DR. 116~~ 66 EMERALD WOODS DR. H-6 NAPLES FL. 34108	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR - VICE PRESIDENT MARJORIE SUYDAM 349 DOVER PLACE #101 NAPLES FL. 34104
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP TURNER, STEPHEN ~~832 BELVILLE BLVD~~ 5909 ALMADEN DRIVE NAPLES FL ~~34104~~ 34119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR STEPHEN GRAY 4734 JACKFISH ST. BONITA SPRINGS FL. 34134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PROPER, ERIC 778 MOORINGLINE DR NAPLES FL 34102	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RICH PERRON 3071 SANTORINI CT. NAPLES FL. 34109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS CARR, MIKE JR 3017 HENOON CT NAPLES FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR DR. JOSE QUERO 5245 RED CEDAR DRIVE #5 FT MYERS FL. 33907
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, MARY 6482 BIRCHWOODS CT NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ED ULLMANN 1011 OAK FOREST DR. NAPLES FL 34104
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TENEROWIEZ, CECELIA 6588 CHESTNUT CIRCLE NAPLES FL 34109	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MIKE LAWS 1233 12TH AVE N. NAPLES FL. 34102

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY TAYLOR TREASURER 1-8-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #