FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION 1 ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # N97000006504 (1)

FLORIDA AIDS ACTION COUNCIL, INC. Principal Place of Business Mailing Address 12490 NE 7TH AVENUE #214 12490 NE 7TH AVENUE #214 3. Date Incorporated or Qualified NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 11/18/1997 Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Regulred Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Trust Fund Contribution 22 Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 28 Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FERRER, LUIGI Street Address (P.O. Box Number is Not Acceptable) 82 6700 SW 52ND STREET 83 MIAMI FL 33155 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE ALBRECHTI Charles TAN 11215 N. Nebraska Ave, BROWN, RONALD R PH.D. NAME 1.2 NAME 2629 WEST 10TH STREET STREET ADDRESS 1.3 STREET ADDRESS Tampa, Fla. 33612 PANAMA CITY FL 32401 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Gene Copello, NFAN 112 West Adams St., NAME Ferrer, Luigi 2.2 NAME 6700 SW 52ND STREET STREET ADORESS 2.3 STREET ADDRESS MIAMI FL 33155 CITY-\$1-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Debbi Tucci, Centaur ANDREWS, STANLEY B DR NAME 3.2 NAME **98**05 ALASKA CIRCLE STREET ADDRESS 3.3 STREET ADDRESS 166 Sheridan Avenue Longwood, Fl. 32750

Kay Jems, CAP
2580 Metrocentre Blvd, Suite 2 **BOCA RATON FL 33434** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE

Jacksonville 6.4 CITY - ST - ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

ow Sibert

1199 Shipwatch Circle

Mary Stokes 1462 Classic Oat Cl.

ampa, Pl. 33602

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP TITLE

DELETE

DELETE

FILED

Oct 07 1998 8:00am

Secretary of State