

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 07, 2004
Secretary of State**

DOCUMENT# N99000000247

Entity Name: FLORIDA BLACK AIDS NETWORK, INC.

Current Principal Place of Business:

7810 N.W. 5TH PLACE
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

7810 N.W. 5TH PLACE
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-0957821 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FOSTER, GEORGIA
7810 NW 5TH PLACE
PLANTATION, FL 33324 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FOSTER, GEORGIA
Address: 7810 NW 5TH PLACE
City-St-Zip: PLANTATION, FL 33324

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Delete
Name: MUNTOE, ALELIA
Address: 3116 QUEENSGATE RD
City-St-Zip: ORLANDO, FL 32818

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Delete
Name: USHER-HARDY, MARILYN REV.
Address: 915 N.W. 1ST AVENUE, #H-2201
City-St-Zip: MIAMI, FL 33136

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Delete
Name: JOHNSON, SAMIDA
Address: 6002 31 ST. W.
City-St-Zip: BRADENTON, FL 34209

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGIA FOSTER

PD

10/07/2004

Electronic Signature of Signing Officer or Director

_____ Date