

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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90196 030 ****61.25

DOCUMENT # N99000000247

1. Entity Name

FLORIDA BLACK AIDS NETWORK, INC.



Principal Place of Business

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

Mailing Address

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

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 **65-0957821**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **PD** ☐ Delete
NAME **FOSTER, GEORGIA**
STREET ADDRESS **7810 NW 5TH PLACE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **GELZER, LAWANNA**
STREET ADDRESS **1310 W. COLONIAL DRIVE, STE. 29**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☒ Addition
NAME **VP Alecia Munroe**
STREET ADDRESS **3116 Queensgate Rd**
CITY-ST-ZIP **Orlando, FL 32818**

TITLE **SD** ☐ Delete
NAME **USHER-HARDY, MARILYN REV.**
STREET ADDRESS **915 N.W. 1ST AVENUE, #H-2201**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☐ Change ☒ Addition
NAME **T Usher-Hardy, Marilyn**
STREET ADDRESS **915 NW 1ST AVE, #H2201**
CITY-ST-ZIP **MIAMI, FL 33136**

TITLE **SD** ☐ Delete
NAME **JOHNSON, SAMIDA**
STREET ADDRESS **6002 31 ST. W.**
CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **PARRISH, SHERRON REV.**
STREET ADDRESS **285 N.W. 199 STREET**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **SIGNATURE REQUIRED**

4/25/03

CR2E037 (10/02)