

FILE NOW: FILING FEE IS \$61.25

FILED

Sep 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P38120 (2)

1. Corporation Name

NATIONAL AIDS FUND, INC.

Principal Place of Business

1400 I ST., N.W.
SUITE 1220
WASHINGTON DC 20005

Mailing Address

1400 I ST., N.W.
SUITE 1220
WASHINGTON DC 20005-2255

| | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/31/1992 | | 3a. Date of Last Report 11/19/1996 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 52-1706646 | | Applied For Not Applicable | |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | Country | 29 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

SHACK, RUTH
200 S. BISCAYNE BLVD.
SUITE 2780
MIAMI FL 33132-2343

10. Name and Address of New Registered Agent

| | | |
|----|--|----|
| 81 | Name | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | |
| 84 | City | FL |
| 85 | Zip Code | |

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|------------------------|--|--|---|-----------------------|---------------------------------|-----------------------------------|
| TITLE | C | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | Enoch Prow (D) Chair | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HOHN, HARRY G | | | 1.2 NAME | P.O. Box 4899 | | N.A |
| STREET ADDRESS | 51 MADISON AVE. | | | 1.3 STREET ADDRESS | Atlanta, GA | | 30302-4899 |
| CITY-ST-ZIP | NEW YORK NY 10010 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | Vice Chair | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ETZWILER, MARION G | | | 2.2 NAME | | | |
| STREET ADDRESS | 125 YALE PL | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MINNEAPOLIS MN 55403 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | Karen Brown | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DE BETANCOURT, ETHEL R | | | 3.2 NAME | 800 Conn. Ave. NW (D) | | |
| STREET ADDRESS | 285 PONCE DE LEON AVE. | | | 3.3 STREET ADDRESS | Washington, DC | | 20006-2701 (4) |
| CITY-ST-ZIP | HATO REY PR 00917 | | | 3.4 CITY-ST-ZIP | Treasurer | | |
| TITLE | T | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STROHECKER, BEN | | | 4.2 NAME | | | |
| STREET ADDRESS | 85 LEAVITT ST. | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | SALEM MA 01970 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | S | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 5.2 NAME | Tommy Chesbro | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | 915 South Cincinnati | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | Tulsa, OK 74119 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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.

CR2E037 (9/96)