

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P38120

FILED  
Apr 14, 2006  
Secretary of State

Entity Name: NATIONAL AIDS FUND, INC.

## Current Principal Place of Business:

1030 15TH STREET NW  
860  
WASHINGTON, DC 20005

## Current Mailing Address:

1030 15TH STREET NW  
860  
WASHINGTON, DC 20005

## New Principal Place of Business:

729 15TH ST, NW  
9TH FLOOR  
WASHINGTON, DC 20005

## New Mailing Address:

729 15TH ST, NW  
9TH FLOOR  
WASHINGTON, DC 20005

FEI Number: 52-1706646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHACK, RUTH  
200 S. BISCAYNE BLVD.  
SUITE 2780  
MIAMI, FL 331322343 US

## Name and Address of New Registered Agent:

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:

Title: P ( ) Delete  
Name: FERREE, KANDY  
Address: 1030 15TH STREET NW STE 860  
City-St-Zip: WASHINGTON, DC 20005

Title: C ( ) Delete  
Name: SCOTT, JOHN N  
Address: 9744 WILSHIRE BLVD., #301  
City-St-Zip: BEVERLY HILLS, CA 90212

Title: S ( ) Delete  
Name: NOBLE, GARY R  
Address: ONE JOHNSON & JOHNSON PLAZA  
City-St-Zip: NEW BRUNSWICK, NJ 08933

Title: T ( ) Delete  
Name: WICKHAM, CHANNING  
Address: 1400 16TH STREET NW, STE 740  
City-St-Zip: WASHINGTON, DC 20036

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: FERREE, KANDY  
Address: 729 15TH STREET, NW - 9TH FLOOR  
City-St-Zip: WASHINGTON, DC 20005

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

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

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 Chapter 119, 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: KANDY FERREE

PRES

04/14/2006

Electronic Signature of Signing Officer or Director

Date