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AND
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95 MAY -1 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48714 (2)
1. Corporation Name
FAMILY AIDS NETWORK, INC.

Principal Place of Business Mailing Address
**C/O THE GREYSTONE GROUP/RIVERVIEW-CENTER
BLDG. 678 FRONT ST. N.W. SUITE 150
GRAND RAPIDS MI 49504** **3075 HAMPTON PLACE
BOCA RATON FL 33434**

3. Date Incorporated or Qualified **05/01/1992** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0349911** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **Maryland** 26 **678 Front St. N.W.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27 **Suite 150**
City & State City & State
23 28 **Grand Rapids MI**
Zip Country Zip Country
24 25 29 **49504** 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**FISHER, MARY
920 NORTH LAKE WAY
PALM BEACH FL 33480**

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 607.0502 and 607.1608, 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, which 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 operations of, Section 607.0502, Florida Statutes.

SIGNATURE *Mary D. Fisher* DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	FISHER, MARY D.
STREET ADDRESS	6609 RIVER RD.
CITY - ST - ZIP	BETHESDA MD 20817
TITLE	VC
NAME	FISHER, PHILLIP WM.
STREET ADDRESS	2700 FISHER BUILDING
CITY - ST - ZIP	DETROIT MI 48202
TITLE	S
NAME	BASKIN, HENRY
STREET ADDRESS	30200 TELEGRAPH RD.
CITY - ST - ZIP	BIRMINGHAM MI
TITLE	D
NAME	DURHAM, KATHY
STREET ADDRESS	63 EAST 79TH STREET
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	PROUTY, JOY
STREET ADDRESS	4612 S. DIXIE HIGHWAY
CITY - ST - ZIP	WEST PALM BEACH FL 33405
TITLE	D
NAME	WEISS, BRIAN M.D.
STREET ADDRESS	9100 DADELAND BLVD.
CITY - ST - ZIP	MIAMI FL 33156

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 recorder or trustee employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, and, or on any attachment.

SIGNATURE: *Mary D. Fisher* Date **5/1/95**