

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N48714** (2)

1. Corporation Name

FAMILY AIDS NETWORK, INC.



Principal Place of Business

MARYLAND
678 FRONT ST. N.W. SUITE 150
GRAND RAPIDS MI 49504

Mailing Address

678 FRONT ST. N.W.
STE. 150
GRAND RAPIDS FL 49504

3. Date Incorporated or Qualified
05/01/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **Family Aids Network, Inc.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **410 The Greystar Group**
Suite, Apt. #, etc.

4. FEI Number
65-0349911

Applied For
Not Applicable

22 **6609 River Point**
City & State

27
City & State

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

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

23 **Bethesda MD**
Zip

28
Zip

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

24 **20817**
Country

29
Country

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Birmingham, MI 43210
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	New York, NY 10021
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/may/96 616-451-~~0000~~
Date Daytime Phone # **2361**

CR2E037 (12/95)