

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N48714 (2)**

1. Corporation Name  
**FAMILY AIDS NETWORK, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>ONE GESNER AVENUE<br/>                 6608 RIVER ROAD<br/>                 SOUTH NYACK NY 10980<br/>                 US</b> | Mailing Address<br><b>C/O THE GREYSTONE GROUP<br/>                 678 FRONT ST. N.W., STE. 150<br/>                 GRAND RAPIDS MI 49504<br/>                 US</b> |
|--|--|

3. Date Incorporated or Qualified  
**05/01/1992**

4. FEI Number  
**65-0349911**

|                |  |
|----------------|--|
| Applied For    |  |
| Not Applicable |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 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   | <b>FL</b> 85 Zip Code |

I, ~~Person~~ **office** 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>C</b> <input type="checkbox"/> DELETE      | 1.1 TITLE   | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>FISHER, MARY D.</b>                        | 1.2 NAME  | <b>FAIRCHILD, MORGAN</b>  |
| STREET ADDRESS             | <b>ONE GESNER AVENUE</b>                      | 1.3 STREET ADDRESS                                    | <b>3480 BLAIR DR.</b>   |
| CITY-ST-ZIP                | <b>SOUTH NYACK NY</b>                         | 1.4 CITY-ST-ZIP                                       | <b>LOS ANGELES, CA 90068</b>  |
| TITLE                      | <b>VC</b> <input type="checkbox"/> DELETE     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>FISHER, PHILLIP WM.</b>                    | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2700 FISHER BUILDING</b>                   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DETROIT MI 48202</b>                       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>PITTS, BILL</b>                            | 3.2 NAME  |   |
| STREET ADDRESS             | <b>21 DUPONT CIRCLE</b>                       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>WASHINGTON DC</b>                          | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>FLETCHER, MAMIE</b>                        | 4.2 NAME  |   |
| STREET ADDRESS             | <b>657 VALLEY BROOK, SE</b>                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>CEDAR RAPIDS IA</b>                        | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>FISHER, LAUREN</b>                         | 5.2 NAME  |   |
| STREET ADDRESS             | <b>2700 FISHER BUILDING</b>                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DETROIT MI</b>                             | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> DELETE      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| NAME                       | <b>SAAG, MICHAEL D</b>                        | 6.2 NAME  |   |
| STREET ADDRESS             | <b>906 20TH STREET SOUTH; COMM. CARE #718</b> | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>BIRMINGHAM AL</b>                          | 6.4 CITY-ST-ZIP                                       |   |

14. 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 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: \_\_\_\_\_ DATE: **2/12/98**

CR2E037 (10/97)