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Secretary of State

04-30-1999 90048 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48714

1. Corporation Name
FAMILY AIDS NETWORK, INC.

455784 - 90048 - 47

Principal Place of Business ONE GESNER AVENUE 6609 RIVER ROAD SOUTH NYACK NY 10960 US	Mailing Address C/O THE GREYSTONE GROUP 678 FRONT ST. N.W. STE. 150 GRAND RAPIDS MI 49504 US
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2. Principal Place of Business 21 1601 N. KENT STREET Suite, Apt. #, etc. 22 SUITE 1003 City & State 23 ARLINGTON, VA Zip 24 22209 Country 25 USA	2a. Mailing Address 26 678 Front St. NW Suite, Apt. #, etc. 27 Suite 159 City & State 28 Grand Rapids, MI Zip 29 49504 Country 30 US	3. Date Incorporated or Qualified 05/01/1992	4. FEI Number 65-0349911 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	FISHER, MARY D.	
STREET ADDRESS	ONE GESNER AVENUE	
CITY-ST-ZIP	SOUTH NYACK NY	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	FISHER, PHILLIP WM.	
STREET ADDRESS	2700 FISHER BUILDING	
CITY-ST-ZIP	DETROIT MI 48202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PITTS, BILL	
STREET ADDRESS	21 DUPONT CIRCLE	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FLETCHER, MAMIE	
STREET ADDRESS	657 VALLEY BROOK, SE	
CITY-ST-ZIP	CEDAR RAPIDS IA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, LAUREN	
STREET ADDRESS	2700 FISHER BUILDING	
CITY-ST-ZIP	DETROIT MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAAG, MICHAEL D	
STREET ADDRESS	908 20TH STREET SOUTH; COMM. CARE #718	
CITY-ST-ZIP	BIRMINGHAM AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 4.23.99 616.451.8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)