

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90001 005 ****70.00

DOCUMENT # N00000008426
 1. Entity Name
 THE AIDS MEMORIAL BELLS, INC.



Principal Place of Business
 THE AIDS MEMORIAL BELLS INC
 7561 61TH STREET
 PINELLAS PARK, FL 33781

Mailing Address
 THE AIDS MEMORIAL BELLS INC
 PO BOX 5223
 LARGO, FL 33779-5223

01072004

2. Principal Place of Business *same*
 Suite, Apt. #, etc.

3. Mailing Address *same*
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3685839 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 MCGUIRE, TERRY J
 1071 DONEGAN RD #1437
 LARGO, FL 33771

7. Name and Address of New Registered Agent
 Name *same*
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PCMD	<input type="checkbox"/> Delete
NAME	MCGUIRE, TERRY J	
STREET ADDRESS	1071 DONEGAN RD #1437	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KONNERTH, DAVID S	
STREET ADDRESS	5150 10TH AVE. N., #101	
CITY-ST-ZIP	ST. PETERSBURG, FL 337103474	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DUNN, CAROL	
STREET ADDRESS	2101 SUNSET POINT RD #201	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LINDEMAN, PAM	
STREET ADDRESS	2767 ENTERPRISE RD. E. #73	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, MARI	
STREET ADDRESS	116.16TH AVE. SE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6950 46th Ave N. <i>address</i>	
CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1044 SE 148th St. <i>address</i>	
CITY-ST-ZIP	Summerfield, FL 34491	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M K - David Konnerth, Treasurer 1-12-04 827-895-8359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #