


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90030 016 \*\*\*\*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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCGUIRE, TERRY J 1071 DONEGAN RD #1437 LARGO, FL 33771				Name	
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCMD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, TERRY J		NAME		
STREET ADDRESS	1071 DONEGAN RD #1437		STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONNERTH, DAVID S		NAME		
STREET ADDRESS	6950 46TH AVE., N. #20		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 337103474		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, CAROL		NAME		
STREET ADDRESS	2101 SUNSET POINT RD #201		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDEMAN, PAM		NAME		
STREET ADDRESS	2767 ENTERPRISE RD. E. #73		STREET ADDRESS	10901 Brighton Bay Blvd NE #5212	
CITY-ST-ZIP	CLEARWATER, FL 33759		CITY-ST-ZIP	St. Petersburg, FL 33716	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MARI		NAME		
STREET ADDRESS	1044 SE 148TH ST.		STREET ADDRESS		
CITY-ST-ZIP	SUMMERFIELD, FL 34491		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Joseph Miller	
STREET ADDRESS			STREET ADDRESS	306 N Jupiter Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Clearwater, FL 33755	
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: <i>MK</i>		David Konnerth		1-17-05 727-328-3276	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	