


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**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



02142006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3685839	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGUIRE, TERRY J  
1071 DONEGAN RD #1437  
LARGO, FL 33771

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

110000447608  
03/08/06-80062-021 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCMD MCGUIRE, TERRY J 1071 DONEGAN RD #1437 LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KONNERTH, DAVID S 6950 46TH AVE., N. #20 ST. PETERSBURG, FL 337103474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNN, CAROL 2101 SUNSET POINT RD #201 CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LINDEMAN, PAM 10901 BRIGHTON BAY BLVD NE #5212 SAINT PETERSBURG, FL 33718
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOSEPH 308 N JUPITER AVE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 2-23-06 727-542-4613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #