

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90037 010 ****70.00

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01052007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box # 3150 5th Ave N		3. Mailing Address	
Suite, Apt. #, etc. Room 202		Suite, Apt. #, etc.	
City & State St. Petersburg, FL		City & State	
Zip 33713	Country Pinellas	Zip	Country
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: David Konnerth Street Address (P.O. Box Number is Not Acceptable): 6950 46th Ave N, #20 City: St. Petersburg FL Zip Code: 33709	
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: <u>MK</u> - David Konnerth, Treasurer		DATE: 3-15-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PCMD NAME: MCGUIRE, TERRY J STREET ADDRESS: 1071 DONEGAN RD #1437 CITY-ST-ZIP: LARGO, FL 33771	<input type="checkbox"/> Delete	TITLE: Founder / President Emeritus NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: KONNERTH, DAVID S STREET ADDRESS: 6950 46TH AVE., N. #20 CITY-ST-ZIP: ST. PETERSBURG, FL 337103474	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: DUNN, CAROL STREET ADDRESS: 2101 SUNSET POINT RD #201 CITY-ST-ZIP: CLEARWATER, FL 33765	<input checked="" type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: LINDEMAN, PAM STREET ADDRESS: 10901 BRIGHTON BAY BLVD NE #5212 CITY-ST-ZIP: SAINT PETERSBURG, FL 33716	<input type="checkbox"/> Delete	TITLE: President NAME: Pam Lindemann STREET ADDRESS: 6645 82nd Terrace N CITY-ST-ZIP: Pinellas park, FL 33781	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MILLER, JOSEPH STREET ADDRESS: 306 N JUPITER AVE CITY-ST-ZIP: CLEARWATER, FL 33755	<input checked="" type="checkbox"/> Delete	TITLE: Vice President NAME: William Russo, Sr. STREET ADDRESS: 1071 Donegan Rd #1437 CITY-ST-ZIP: Largo, FL 33771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: Secretary NAME: Marianne Zanone STREET ADDRESS: 2942 West Bay Dr. #1 CITY-ST-ZIP: Belleair Bluffs, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Pamela J. Lindemann</u> Pamela J. Lindemann, President		DATE: 3-15-07 Daytime Phone #: 727-541-6015	