


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90034 047 ****61.25

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



Principal Place of Business
**3250 5TH AVE N
 ROOM 202
 SAINT PETERSBURG, FL 33713**

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

50000578



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

03032008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-3685839

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

KENNETH, DAVID — *Konnerth, David*
6950 46TH AVE N #20
SAINT PETERSBURG, FL 33709

7. Name and Address of New Registered Agent

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: _____
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, 2008

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	P	<input checked="" 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	6950 46TH AVE., N. #20	
CITY-ST-ZIP	ST. PETERSBURG, FL 337103474	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZONONE, MARIANNE	
STREET ADDRESS	2942 WEST BAY DR #1	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL 33770	
TITLE	P	<input type="checkbox"/> Delete
NAME	LINDEMAN, PAM	
STREET ADDRESS	6645 82ND TERRACE N	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUSSO, WILLIAM SR	
STREET ADDRESS	1071 DONEGAN RD #1437	
CITY-ST-ZIP	LARGO, FL 33771	
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	member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	- 7222 122nd Way N.	
CITY-ST-ZIP	Seaside, FL 33772	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	- 1025 Ridge Road	
CITY-ST-ZIP	Largo, FL 33770	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Waugh	
STREET ADDRESS	737 19th AVE N	
CITY-ST-ZIP	St. Petersburg, FL 33704	

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 files empowered.

SIGNATURE: *[Signature]* **Richard F Waugh** **3/3/08** **727-525-5600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #