

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90187 032 ****70.00

DOCUMENT # **N00000008426**

1. Entity Name
THE AIDS MEMORIAL BELLS, INC.



Principal Place of Business
**THE AIDS MEMORIAL BELLS INC
1071 DONEGAN RD #1437
LARGO FL 33771**

Mailing Address
**THE AIDS MEMORIAL BELLS INC
1071 DONEGAN RD #1437
LARGO FL 33771**

2. Principal Place of Business

3. Mailing Address

The AIDS Memorial Bells, Inc.
7561 61st Street
Pinellas Park, FL 33781

The AIDS Memorial Bells, Inc.
P.O. Box 5223
Largo, FL 33779-5223



CHECK HERE IF MAKING CHANGES

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
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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/3/03
DATE

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP | PCMD MCGUIRE, TERRY J 1071 DONEGAN RD #1437 LARGO FL 33771 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TSD KONNERTH, DAVID S 5150 10TH AVE. N., #101 ST. PETERSBURG FL 33710-3474 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DUNN, CAROL 2101 SUNSET POINT RD #201 CLEARWATER FL 33765 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | David Konnerth <i>TD</i> 5150-10th Ave. N-#101 St. Petersburg, Fl. 33710 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Carol Dunn <i>SD</i> 2101 Sunset Point Rd. # 201 Clearwater, FL 33765 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pam Lindemann <i>VP/D</i> 2767 Enterprise Rd. E. # 73 Clearwater, FL 33759 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Mari Thomas <i>D</i> 116 16th Ave. SE St. Petersburg, FL 33701 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* *2/3/03*

(727) 642-0886

CR2E037 (10/02)