2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
03-28-2005 90060 029 ****61.25

DOCUMENT # N02000009752

1. Entity Name
HEART-2-HEART: PEDIATRIC-ADOLESCENT HIV/AIDS FOUNDATION, INC.

66011537

Principal Place of Business	Mailing Address
17 DAVIS BLVD STE 313 TAMPA, FL 33606	17 DAVIS BLVD STE 313 TAMPA, FL 33606

03012005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 55-0816294 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRENNAN, ADRIENNE U OF SOUTH FLORIDA PEDIATRIC PED INFECTIOU S DISEASE 17 DAVIS BLVD STE 313 TAMPA, FL 33606	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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25 Due by May 1, 2005 | 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D President BRENNAN, ADRIENNE 8111 N MOBLEY RD ODESSA, FL 33556	☐ Delete	Martin, Wayney Vice-Pres. 4726 Sunrise Drive St.Petersburg, FL 33705	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCALL, MELISSA 161 23 AVE NORTH ST PETERSBURG, FL 33704	☑ Delete	Carey, Tami, Secretary 2920 Bayshore Vista Drive Tampa, FL 33611	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Treasurer SCARRITT, LINDA 824 S ORLEANS AVE TAMPA, FL 33606	☐ Delete	Board of Director Hills, Peter 404 S. Orleans Avenue Tampa, FL 33606	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HOCK, DAWN 4210 W BEACHWAY DR TAMPA, FL 33609	☑ Delete	Board of Director Barsi, Shelly 17 Davis Blvd, suite 401 Tampa, FL 33606	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: Virginia Brennan 3-3-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #