2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State
04-21-2006 90095 011 ****61.25

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1. Entity Name
CHILDREN'S AIDS FOUNDATION OF TAMPA BAY INC.

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

04182006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 4049 Suite, Apt. #, etc.
City & State	City & State TAMPA, FL
Zip / Country	Zip 33677 / Country USA

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

BRENNAN, ADRIENNE
U OF SOUTH FLORIDA PEDIATRIC PED INFECTIOU
S DISEASE 17 DAVIS BLVD STE 313
TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name: PETER HILLS
Street Address (P.O. Box Number is Not Acceptable): 404 S. ORLEANS AVE
City: TAMPA FL Zip Code: 33606

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: Peter Hills PETER HILLS, TREASURER 4/18/06
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, 2006

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	PD BRENNAN, ADRIENNE 8111 N MOBLEY RD ODESSA, FL 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Brennan, Adrienne 8111 N. Mobley Road Odessa, FL 33556	☒ Change ☐ Addition Board
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARTIN, WAYNE 4726 SUNRISE DR SAINT PETERSBURG, FL 33705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Martin, Wayne 4726 Sunrise Dr. St. Petersburg, FL 33705	☐ Change ☐ Addition President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCARRITT, LINDA 824 S ORLEANS AVE TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Scarritt, Linda 824 S. Orleans Ave Tampa, FL 33606	☐ Change ☐ Addition Vice-President
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CAREY, TAMI 2920 BAYSHORE VISTA DR TAMPA, FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hills, Peter 404 S. Orleans Ave Tampa, FL 33606	☐ Change ☐ Addition Treasurer
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD HILLS, PETER 404 S ORLEANS AVE TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Arghittu, Mary	☐ Change ☐ Addition Board
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOD BARSI, SHELLY 17 DAVIS BLVD STE 401 TAMPA, FL 33606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Peter Hills TREASURER 4/18/06 813-254-7253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #