

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90485 038 \*\*\*\*\*70.00

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<b>DOCUMENT # N93000002781</b> 1. Entity Name <b>AIDS ORPHANS AND STREET CHILDREN, INC.</b>					
Principal Place of Business <b>293 LAUREN CT MERRITT ISLAND, FL 32952</b>			Mailing Address <b>293 LAUREN CT MERRITT ISLAND, FL 32952</b>		
2. Principal Place of Business <b>865 E. Hall Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>865 E. Hall Rd</b> Suite, Apt. #, etc.		04232004    Chg-NP    CR2E037 (10/03)	
City & State <b>Merritt Island FL</b> Zip    Country <b>32953    FL</b>		City & State <b>Merritt Island FL</b> Zip    Country <b>32953    FL</b>		4. FEI Number <b>59-3210045</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BLAND, ROBERT M 293 LAUREN CT MERRITT ISLAND, FL 32952</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRINGER, CATHY B 625 FOREST DRIVE GROVE CITY, PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAND, ROBERT 293 LAUREN CT MERRITT ISLAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANDERPOOL, KATHERINE S. 890 E. HALL RD MERRITT ISLAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOOMS, GEORGE H 13000 US 41 N EVANSVILLE, IN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, ELIZABETH 890 E HALL RD MERRITT ISLAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOOMS, TAMI L. 2613 N GREEN RIVER RD EVANSVILLE, IN	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DOOMS, TAMI L. 13000 US 41 N. EVANSVILLE IN <input checked="" 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 to an address with another like empowered.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4-23-04</b> Daytime Phone # <b>321-453-0350</b>		