

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90005 012 ****70.00

DOCUMENT # N93000002781

1. Entity Name
AIDS ORPHANS AND STREET CHILDREN, INC.



Principal Place of Business
**865 E. HALL RD
MERRITT ISLAND, FL 32953**

Mailing Address
**865 E. HALL RD
MERRITT ISLAND, FL 32953**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05192005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3210045

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLAND, ROBERT M
293 LAUREN CT
MERRITT ISLAND, FL 32952**

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 September 7, 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

TITLE **D** ☐ Delete
NAME **STRINGER, CATHY B**
STREET ADDRESS **625 FOREST DRIVE**
CITY-ST-ZIP **GROVE CITY, PA**

TITLE **PD** ☐ Delete
NAME **BLAND, ROBERT**
STREET ADDRESS **293 LAUREN CT**
CITY-ST-ZIP **MERRITT ISLAND, FL**

TITLE **VD** ☐ Delete
NAME **VANDERPOOL, KATHERINE S.**
STREET ADDRESS **890 E. HALL RD**
CITY-ST-ZIP **MERRITT ISLAND, FL**

TITLE **D** ☐ Delete
NAME **DOOMS, GEORGE H**
STREET ADDRESS **13000 US 41 N**
CITY-ST-ZIP **EVANSVILLE, IN**

TITLE **D** ☐ Delete
NAME **LITTLE, ELIZABETH**
STREET ADDRESS **890 E HALL RD**
CITY-ST-ZIP **MERRITT ISLAND, FL**

TITLE **STD** ☐ Delete
NAME **DOOMS, TAMI L**
STREET ADDRESS **13000 US 41 N**
CITY-ST-ZIP **EVANSVILLE, IN**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Bland, Bernice M**
STREET ADDRESS **293 Lauren Ct**
CITY-ST-ZIP **Merritt Island FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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 manager 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 such changes, with no other like amendments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

May 20, 05