

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

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

05-19-2003 90216 037 \*\*\*\*70.00

0101290

**DOCUMENT # N93000002781**

1. Entity Name

**AIDS ORPHANS AND STREET CHILDREN, INC.**



Principal Place of Business

**293 LAUREN CT  
MERRITT ISLAND FL 32952**

Mailing Address

**293 LAUREN CT  
MERRITT ISLAND FL 32952**

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 **59-3210045**

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

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

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

TITLE **STD** ☐ Delete  
NAME **DOOMS, TAMI L.**  
STREET ADDRESS **2613 N GREEN RIVER RD**  
CITY-ST-ZIP **EVANSVILLE IN**

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 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 REQUIRED**

5-15-03

321-453-0850

CR2E037 (10/02)

Attachment  
DOC # ~~N930000002781~~  
80119563

AIDS ORPHANS AND STREET CHILDREN, INC.

2003 Uniform Business Report

59-3210045

Line 11. Additional Officers and Directors

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Bernice M. Bland	293 Lauren Ct	Merritt Island	FL	32953