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FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90078 036 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000004069

1. Corporation Name
KIDS LIVING WITH AIDS, INC.

270753-90078-36

Principal Place of Business
C/O OUTPATIENT SURGERY MEMORIAL HOSPITAL
2901 SWANN AVE
TAMPA FL 33609

Mailing Address
C/O OUTPATIENT SURGERY MEMORIAL HOSPITAL
2901 SWANN AVE
TAMPA FL 33609



2. Principal Place of Business
21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25

2a. Mailing Address
26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30

3. Date Incorporated or Qualified
07/13/1998

4. FEI Number
3533959 Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Above correct.

OK correct.

9. Name and Address of Current Registered Agent
GIBBS, REBECCA
C/O OUTPATIENT SURGERY MEMORIAL HOSPITAL
2901 SWANN AVE
TAMPA FL 33609

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	GIBBS, REBECCA	16519 CAYMAN DR	TAMPA FL 33624	<input type="checkbox"/>
TD	BARNETT, SHARON	13817 CHERRY CREEK DR	TAMPA FL 33618	<input type="checkbox"/>
SD	MORLEY, GABRIELLE S	4701 ESTRELLA ST	TAMPA FL 33629	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

correct

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	1.2	1.3	1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature of Rebecca Gibbs* DATE: 3/24/99 DAYTIME PHONE: 813-962-7907

CR2E037 (1-1/98)