

DOCUMENT # N98000004069

1. Entity Name

KIDS LIVING WITH AIDS, INC.

FILED  
Jul 20, 2000 8:00 am  
Secretary of State

07-20-2000 90016 011 \*\*\*\*61.25

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number 59-3533959 Applied For Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBBS, REBECCA  
C/O OUTPATIENT SURGERY MEMORIAL HOSPITAL  
2901 SWANN AVE  
TAMPA FL 33609

Same.

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.

SIGNATURE *Rebecca Gibbs*  
Signature, typed or printed name of registered agent and title if applicable.

*7/12/00*  
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME GIBBS, REBECCA  
STREET ADDRESS 16519 CAYMAN DR  
CITY-ST-ZIP TAMPA FL 33624  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE TD  
NAME BARNETT, SHARON  
STREET ADDRESS ~~13847 CHERRY CREEK DR~~ 1412 Kensington Woods Drive  
CITY-ST-ZIP TAMPA FL 33618 Lutz, FL 33549  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE SD  
NAME MORLEY, GABRIELLE S  
STREET ADDRESS 4701 ESTRELLA ST  
CITY-ST-ZIP TAMPA FL 33629  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  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 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: *Rebecca Gibbs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*7/12/00* *813-870-1118*  
Date Daytime Phone