


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90006 036 ****61.25

DOCUMENT # N98000004069
1. Entity Name
KIDS LIVING WITH AIDS, INC.




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 *only change*
40 Endoscopy/Memorial Hospital
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

4. FEI Number **59-3533959** Applied For
Not Applicable

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

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

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 *Rebecca Gibbs RN Director* DATE *1/28/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, REBECCA 16519 CAYMAN DR TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNETT, SHARON 1412 KENSINGTON WOODS DRIVE LUTZ FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SNIDER, BONNIE 480 PRIVILA CR NE SAINT PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input 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 with an address, with all other like empowered.

SIGNATURE: *Rebecca Gibbs RN Director* Date *1/29/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR