

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 08, 2005  
Secretary of State**

DOCUMENT# N98000004069

Entity Name: KIDS LIVING WITH AIDS, INC.

**Current Principal Place of Business:**

C/O ENDOSCOPY/ MEMORIDAL HOSP. TAL.  
2901 SWANN AVE  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ENDOSCOPY/ MEMORIDAL HOSP. TAL.  
2901 SWANN AVE  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 59-3533959      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIBBS, REBECCA  
C/O ENDOSCOPY  
2901 SWANN AVE  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GIBBS, REBECCA  
Address: 16519 CAYMAN DR  
City-St-Zip: TAMPA, FL 33624

Title: T ( ) Delete  
Name: BARNETT, SHARON  
Address: 1412 KENSINGTON WOODS DRIVE  
City-St-Zip: LUTZ, FL 33549

Title: T ( ) Delete  
Name: SNIDER, BONNIE  
Address: 480 PRIVILA CR NE  
City-St-Zip: SAINT PETERSBURG, FL 33703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA GIBBS

D

04/08/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date