


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

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



Principal Place of Business: C/O ENDOSCOPY/ MEMORIAL HOSP. TAL. 2901 SWANN AVE TAMPA, FL 33609
 Mailing Address: C/O ENDOSCOPY/ MEMORIAL HOSP. TAL. 2901 SWANN AVE TAMPA, FL 33609



04162008 No Chg-NP CR2E037 (4/06)

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

No change

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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 P Gibbs* REBECCA L GIBBS 4/16/08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

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

U00000907799
 05/06/08-80002-019 61.25

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* 4/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #