

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 exemption stated 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 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

Electronic Signature of Signing Officer or Director

DIR

05/07/2009

Date