

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004069

FILED
Jan 06, 2010
Secretary of State

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:

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

Current Mailing Address:

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

New Mailing Address:

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

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:

SHARON, BARNETT
C/O CARDIOVASCULAR
2901 SWANN AVE
TAMPA, FL 33609 US

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: SHARON BARNETT

01/06/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BARNETT, SHARON
Address: 1412 KENSINGTON WOODS DRIVE
City-St-Zip: LUTZ, FL 33549

Title: T
Name: OURAL, CATHY
Address: 2106 KYRA DR
City-St-Zip: TAMPA, FL 33612

Title: T
Name: ANDERS, THERESA
Address: 4320 SOUTH ANITA BLVD
City-St-Zip: TAMPA, FL 33611

I hereby 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 all other like empowered.

SIGNATURE: SHARON BARNETT

D

01/06/2010

Electronic Signature of Signing Officer or Director

Date