

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004069

FILED  
Jan 24, 2011  
Secretary of State

**Entity Name:** KIDS LIVING WITH AIDS, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

1412 KENSINGTON WOODS DRIVE  
TAMPA, FL 33549

FEI Number: 59-3533959

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

SHARON, BARNETT  
1412 KENSINGTON WOODS DRIVE  
TAMPA, FL 33549 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/24/2011

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: TREA  
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 D. BARNETT R.N.

PRES

01/24/2011

Electronic Signature of Signing Officer or Director

Date