

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

01-13-2003 90345 008 ****61.25

DOCUMENT # N98000004069



1. Entity Name
KIDS LIVING WITH AIDS, INC.

Principal Place of Business: **C/O OUTPATIENT SURGERY MEMORIAL HOSPITAL
2901 SWANN AVE
TAMPA FL 33609**
Mailing Address: **C/O OUTPATIENT SURGERY MEMORIAL HOSPITAL
2901 SWANN AVE
TAMPA FL 33609**
Same Same

55004540



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **59-3533959** *correct*
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 OUTPATIENT SURGERY MEMORIAL HOSPITAL
2901 SWANN AVE
TAMPA FL 33609**

7. Name and Address of New Registered Agent
Name: *Same*
Street Address (P.O. Box Number is Not Acceptable): *Same*
City: **FL** Zip Code

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: *R. Gibbs RNBSN* (NOTE: Registered Agent signature required when reinstating)
DATE: *1/8/03*

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME	PD GIBBS, REBECCA <i>Director</i>	<input type="checkbox"/>
STREET ADDRESS	16519 CAYMAN DR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE NAME	TD BARNETT, SHARON <i>Trustee</i>	<input type="checkbox"/>
STREET ADDRESS	1412 KENSINGTON WOODS DRIVE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE NAME	SO MORLET, GABRIELLE <i>please remove</i>	<input type="checkbox"/>
STREET ADDRESS	4781 ESTRELLA ST	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE NAME	Bonnie Snider <i>Trustee</i>	<input type="checkbox"/>
STREET ADDRESS	480 Avila Cr. NE	
CITY-ST-ZIP	St. Petersburg FL 33703	
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: *1/8/03*
Daytime Phone #

CR2E037 (10/02)