

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003201

**Entity Name:** AMERICAN FOUNDATION FOR CHILDREN WITH AIDS, INC.

**Current Principal Place of Business:**

1520 GREENING LANE  
HARRISBURG, PA 17110

**Current Mailing Address:**

1520 GREENING LANE  
HARRISBURG, PA 17110 US

**FEI Number: 30-0247823**

**Certificate of Status Desired: Yes**

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

CORPORATE CREATIONS NETWORK, INC  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title ED  
Name TANYA, WEAVER  
Address 6221 BLUE GRASS AVENUE  
City-State-Zip: HARRISBURG PA 17112

Title PRESIDENT  
Name STEPHANIE , WATKINS  
Address 1904 GREEN STREET  
City-State-Zip: HARRISBURG PA 17102

Title SECRETARY  
Name EMILY, GINGRICH  
Address 10 DOGWOOD BUILDING  
City-State-Zip: MIDDLETOWN PA 17057

Title DIRECTOR  
Name LOWRIE, CRAIG  
Address 1520 GREENING LANE  
City-State-Zip: HARRISBURG PA 17110

Title DIRECTOR  
Name ATKINS, NAOMI  
Address 1520 GREENING LANE  
City-State-Zip: HARRISBURG PA 17110

*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: STEPHANIE WATKINS**

**PRESIDENT**

**08/29/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date