

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000003201

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

**Current Principal Place of Business:**

6221 BLUE GRASS AVE  
HARRISBURG, PA 17112

**Current Mailing Address:**

6221 BLUE GRASS AVE  
HARRISBURG, PA 17112

**FEI Number: 30-0247823**

**Certificate of Status Desired: Yes**

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

CORPORATE CREATIONS NETWORK, INC  
11680 PROSPERITY FARMS ROAD  
SUITE 221E  
PALM BEACH GARDENS, FL 33410 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 D  
Name ENGELKING, MARY  
Address 501 N BROOKLINE DRIVE  
City-State-Zip: COLUMBIA MO 65203

Title VP  
Name MAYNARD, ROBERT  
Address P O BOX 1147  
City-State-Zip: LAWRENCE KS 66074

Title T  
Name WILLIAM, GARBARINO  
Address 1790 D'AMOUR CRESCENT  
City-State-Zip: ORELEANS K1C 5-G1

Title S  
Name KRACHT, MICHAEL  
Address 847 WEST MARKET STREET  
City-State-Zip: PERKASIE PA 18944

Title P  
Name CASSINO, NICHOLAS  
Address 6436 N. VIEWRIDGE DR.  
City-State-Zip: TACOMA WA 98407

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

*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: TANYA WEAVER**

**EXECUTIVE DIRECTOR**

**05/15/2014**

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

\_\_\_\_\_  
Date