

2016 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 PRESIDENT
Name WILLIAM, GARBARINO
Address 1790 D'AMOUR CRESCENT
City-State-Zip: ORELEANS K1C 5-G1

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

Title DIRECTOR
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

Title TREASURER
Name ALKARIM , MANJI
Address 56 KIMBERDALE CRESCENT
City-State-Zip: TORONTO AL

Title SECRETARY
Name PATRICK, DORSEY
Address 33 OAK KNOLL CIRCLE
City-State-Zip: LEBANON PA 17042

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

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****05/10/2016**

Electronic Signature of Signing Officer/Director Detail

Date