

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002781

Entity Name: AIDS ORPHANS AND STREET CHILDREN, INC.**Current Principal Place of Business:**865 E. HALL RD
MERRITT ISLAND, FL 32953**Current Mailing Address:**865 E. HALL RD
MERRITT ISLAND, FL 32953**FEI Number: 59-3210045****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**BLAND, ROBERT M
865 E HALL RD
MERRITT ISLAND, FL 32953 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 PRESIDENT
Name BLAND, ROBERT M
Address 885 E HALL RD
City-State-Zip: MERRITT ISLAND FL 32953

Title VP
Name VANDERPOOL, KATHERINE S
Address 885 E HALL RD
City-State-Zip: MERRITT ISLAND FL 32953

Title SECRETARY, TREASURER
Name DOOMS, TAMI L
Address 885 E HALL RD
City-State-Zip: MERRITT ISLAND FL 32953

Title BOARD MEMBER
Name BLAND, BERNICE M
Address 885 E HALL RD
City-State-Zip: MERRITT ISLAND FL 32953

Title BOARD MEMBER
Name DOOMS, GEORGE H
Address 885 E HALL RD
City-State-Zip: MERRITT ISLAND FL 32953

Title BOARD MEMBER
Name LITTLE, ELIZABETH
Address 885 E HALL RD
City-State-Zip: MERRITT ISLAND FL 32953

Title BOARD MEMBER
Name STRINGER, CATHERINE
Address 865 E. HALL RD
City-State-Zip: MERRITT ISLAND FL 32953

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: ROBERT M BLAND**PRESIDENT****04/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date