

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004069

Entity Name: KIDS LIVING WITH AIDS, INC.

Current Principal Place of Business:

C/O CARDIOVASCULAR / MEMORIAL HOSP. TAL.
2901 SWANN AVE
TAMPA, FL 33609

Current Mailing Address:

1412 KENSINGTON WOODS DRIVE
LUTZ, FL 33549

FEI Number: 59-3533959

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHARON, BARNETT
1412 KENSINGTON WOODS DRIVE
LUTZ, FL 33549 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 PRES
Name BARNETT, SHARON
Address 1412 KENSINGTON WOODS DRIVE
City-State-Zip: LUTZ FL 33549

Title VP
Name OURL, CATHY
Address 2106 KYRA DR
City-State-Zip: TAMPA FL 33612

Title TREA
Name ANDERS, THERESA
Address 4320 SOUTH ANITA BLVD
City-State-Zip: TAMPA FL 33611

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: SHARON BARNETT R.N. _____

PRES

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date