

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90001 005 ****70.00

DOCUMENT # N00000008426

1. Entity Name
THE AIDS MEMORIAL BELLS, INC.



Principal Place of Business
THE AIDS MEMORIAL BELLS INC
7561 61TH STREET
PINELLAS PARK, FL 33781

Mailing Address
THE AIDS MEMORIAL BELLS INC
PO BOX 5223
LARGO, FL 33779-5223

01001001



2. Principal Place of Business

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004

Chg-NP

CR2E037 (10/03)

4. FEI Number

59-3685839

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGUIRE, TERRY J
1071 DONEGAN RD #1437
LARGO, FL 33771

7. Name and Address of New Registered Agent

Name

same

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing.
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PCMD
NAME MCGUIRE, TERRY J
STREET ADDRESS 1071 DONEGAN RD #1437
CITY-ST-ZIP LARGO, FL 33771 ☐ Delete

TITLE TD
NAME KONNERTH, DAVID S
STREET ADDRESS 5150 10TH AVE. N., #101
CITY-ST-ZIP ST. PETERSBURG, FL 337103474 ☐ Delete

TITLE SD
NAME DUNN, CAROL
STREET ADDRESS 2101 SUNSET POINT RD #201
CITY-ST-ZIP CLEARWATER, FL 33765 ☐ Delete

TITLE VPD
NAME LINDEMAN, PAM
STREET ADDRESS 2767 ENTERPRISE RD. E. #73
CITY-ST-ZIP CLEARWATER, FL 33759 ☐ Delete

TITLE D
NAME THOMAS, MARI
STREET ADDRESS 116 16TH AVE. SE
CITY-ST-ZIP SAINT PETERSBURG, FL 33701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 6950 46th Ave N. address
CITY-ST-ZIP St. Petersburg, FL 33709 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 1044 SE 148th St. address
CITY-ST-ZIP Summerfield, FL 34491 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M K

David Konnerth, Treasurer

1-12-04

895-8359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #