

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90030 016 ****70.00

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| 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 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01172005 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 59-3685839 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MCGUIRE, TERRY J 1071 DONEGAN RD #1437 LARGO, FL 33771 | | | Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE PCMD NAME MCGUIRE, TERRY J STREET ADDRESS 1071 DONEGAN RD #1437 CITY-ST-ZIP LARGO, FL 33771 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE TD NAME KONNERTH, DAVID S STREET ADDRESS 6950 46TH AVE., N. #20 CITY-ST-ZIP ST. PETERSBURG, FL 337103474 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE SD NAME DUNN, CAROL STREET ADDRESS 2101 SUNSET POINT RD #201 CITY-ST-ZIP CLEARWATER, FL 33765 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VPD NAME LINDEMAN, PAM STREET ADDRESS 2767 ENTERPRISE RD. E. #73 CITY-ST-ZIP CLEARWATER, FL 33759 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS 10901 Brighton Bay Blvd NE #5212 CITY-ST-ZIP St. Petersburg, FL 33716 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE D NAME THOMAS, MARI STREET ADDRESS 1044 SE 148TH ST. CITY-ST-ZIP SUMMERFIELD, FL 34491 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE Director NAME Joseph Miller STREET ADDRESS 306 N Jupiter Ave CITY-ST-ZIP Clearwater, FL 33755 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: | | | David Konnerth | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 1-17-05 727-328-3276 | | |