2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # N00000008 S MEMORIAL BELLS, INC.	3426				01-20-200:	5 90030 0	16 ****7(0.00
THE AIDS ME 7561 61TH	e of Business Emorial Bells Inc Street Ark, Fl 33781	Mailing Address THE AIDS MEMORIAL PO BOX 5223 LARGO, FL 33779-52		С				akn akana mana ak	
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01172005	Chg-NP	CR2E0	37 (10/03)	
City & Stat	e .	City & State			4. FEI Number 59-3685	839			oplied For ot Applicable
Zip	Country	Zip	Cou	untry	5. Certificate of			\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Nome	7. Name and A	ddress of New	Registered	Agent	
MCGUIRE	, TERRY J			Name					
1071 DON LARGO, F	EGAN RD #1437*3 L 33771			Street Add	dress (P.O. Box Number	is Not Acceptal	ble)		
44									
				City			FL	Zip Cod	
8. The above the obligat	named entity submits this statement fo lions of registered agent:	r the purpose of changing it	s registere	ed office or re	egistered agent, or both	in the State of	Florida, I am	familiar with,	and accept
	3	,							
SIGNATURE.	Stgnature, typed or printed name of registered agent	and title if applicable.1(NO	TE: Registere	d Agent signature	required when reinstating)	·	DATE		·
	Signature, typed or printed name of registered agent: Filling Fee is \$61.25 Due by May 1, 2005	9. Election Ca Trust Fund	mpaign F	inancing	_ \$5.00 May Be	· FI		k payable to	
	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. Election Ca Trust Fund	mpaign F	inancing	\$5.00 May Be		Make chec orida Depa	rtment of Si	tate
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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.

MK	
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M David Konnerth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

1-17-05

727-328-3276

Date

Daytime Phone #