2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003161

Entity Name: AIDS PARTNERSHIP, INC.

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
C/O GOOD AMARITAN CHURCH ANNEX 6085 PARK BLVD N PINELLAS PARK, FL 33781				AIDS PARTNERSHIP INC. 6085 PARK BLVD, ANNEX PINELLAS PARK, FL 33781		
Current Mailing Address:				New Mailing Address:		
PO 5763 CLEARWATER, FL 33758				6085 PARK BLVD. ANNEX PINELLAS PARK, FL 33781		
FEI Number: 01-0718772 FEI Number Applied For () FEI Num				nber Not Appli	cable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
MCGUIRE, TERRY J 1071 DONEGAN RD #1437 LARGO, FL 33771 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						
				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:		Delete LEEN E		Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	D ()E MELARTIN, II, JO 114 145TH AVE E MADEIRA, FL 33	Ξ		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	S () E LINDEMANN, PAI 2767 ENTERPRIS CLEARWATER, I	SE RD E #73		Title: Name: Address: City-St-Zip:	LINDEMANN 2767 ENTER	(X) Change()Addition , PAM RPRISE RD E #73 ER, FL 33759
Title: Name: Address: City-St-Zip:	T () DUNN, CAROL 2101 SUNSET P CLEARWATER, I			Title: Name: Address: City-St-Zip:	DUNN, CARO 2101 SUNSE	(X) Change()Addition DL ET PT RD #201 ER, FL 33765
Title: Name: Address: City-St-Zip:	D ()EBAUER, ELLEN L 554 WILIE ST DUNEDIN, FL 33			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D ()E MILLER, JOSEPI 306 N. JUPITER CLEARWATER, I	AVE.		Title: Name: Address: City-St-Zip:	MILLER, JOS 306 N. JUPIT	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: TERRY J. MCGUIRE ED 04/25/2005