

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-29-2006 90001 020 \*\*\*\*70.00

<b>DOCUMENT # N02000003161</b> 1. Entity Name <b>AIDS PARTNERSHIP, INC.</b>					
Principal Place of Business <b>AIDS PARTNERSHIP INC. 6085 PARK BLVD, ANNEX PINELLAS PARK, FL 33781</b>			Mailing Address <b>6085 PARK BLVD. ANNEX PINELLAS PARK, FL 33781</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>01-0718772</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>MCGUIRE, TERRY J 1071 DONEGAN RD #1437 LARGO, FL 33771</b>				7. Name and Address of New Registered Agent Name <b>JOSEPH MILLER</b> Street Address (P.O. Box Number is Not Acceptable) <b>306 N. JUPITER AVE.</b> City <b>CLEARWATER</b> FL <b>33755</b>	
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: <i>Joseph Miller - PRESIDENT</i> DATE: <b>6/7/06</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>FARRELL, KATHLEEN 316 21ST AVE NE SAINT PETERSBURG, FL 33704</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D'SUSAN SHERWOOD <b>772 65TH AVE. SOUTH ST. PETERSBURG, FL. 33705</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MELARTIN, II, JOHN 114 145TH AVE E MADEIRA, FL 33708</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>JEANNIE LEWIS 3347#B CAMELOT DR. LARGO, FL. 33771</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>LINDEMANN, PAM 2767 ENTERPRISE RD E #73 CLEARWATER, FL 33759</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>DUNN, CAROL 2101 SUNSET PT RD #201 CLEARWATER, FL 33765</b>	<input 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	D <b>BAUER, ELLEN L 554 WILIE ST DUNEDIN, FL 33698</b>	<input 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	VP <b>MILLER, JOSEPH 306 N. JUPITER AVE. CLEARWATER, FL 33755</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Joseph Miller - PRESIDENT</i> DATE: <b>6/7/06</b> DAYTIME PHONE #: <b>727-541-6638</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					