2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
Secretary of State

DOCUMENT# N02000003161

Entity Name: AIDS PARTNERSHIP, INC.

Current Principal Place of Business:

AIDS PARTNERSHIP INC.
6085 PARK BLVD, ANNEX
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

6085 PARK BLVD. ANNEX
PINELLAS PARK, FL 33781

New Mailing Address:

AIDS PARTNERSHIP INC.
6085 PARK BLVD, ANNEX
PINELLAS PARK, FL 33781

FEI Number: 01-0718772 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, JOSEPH
2550 STAG RUN BLVD.
APT. 1013
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HALL, DICK
Address: 2565 EAGLES CROSSING DR.
City-St-Zip: CLEARWATER, FL 33762

Title: VP (X) Delete
Name: LEWIS, JEANNIE
Address: 3347 #B CAMELOT DR
City-St-Zip: LARGO, FL 33771

Title: ST ( ) Delete
Name: DUNN, CAROL
Address: 2101 SUNSET PT RD #201
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete
Name: BAUER, ELLEN L
Address: 554 WILIE ST
City-St-Zip: DUNEDIN, FL 33698

Title: P ( ) Delete
Name: MILLER, JOSEPH
Address: 2550 STAG RUN BLVD.
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BAUER, ELLEN L
Address: 554 WILIE ST
City-St-Zip: DUNEDIN, FL 33698

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH MILLER PRES 03/31/2008

Electronic Signature of Signing Officer or Director — Date