

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N02000003161

**FILED**  
**Jun 18, 2012**  
**Secretary of State**

**Entity Name:** AIDS PARTNERSHIP, INC.

**Current Principal Place of Business:**

AIDS PARTNERSHIP INC.  
407 S SATURN AVE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

AIDS PARTNERSHIP INC.  
407 S SATURN AVE  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 01-0718772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MILLER, JOSEPH  
1840 BOUGH AVE  
UNIT B  
CLEARWATER, FL 33760 US

**Name and Address of New Registered Agent:**

BAUER, ELLEN L MS.  
554 WILKIE ST  
DUNEDIN, FL 34698 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: ELLEN L BAUER

06/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BAUER,, ELLEN L MS  
Address: 554 WILKIE ST  
City-St-Zip: DUNEDIN, FL 34698

Title: ST  
Name: DUNN, CAROL M MS.  
Address: 2101 SUNSET PT RD #201  
City-St-Zip: CLEARWATER, FL 33765

Title: D  
Name: KAMMERER, JOHN MR.  
Address: 12219 OAK ST  
City-St-Zip: LARGO, FL 33774

I hereby 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 all other like empowered.

SIGNATURE: CAROL M DUNN

S/T

06/18/2012

Electronic Signature of Signing Officer or Director

Date