

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90141 029 \*\*\*\*70.00

**DOCUMENT # N02000003161**

1. Entity Name

**AIDS PARTNERSHIP, INC.**



Principal Place of Business

**1540 WALNUT ST  
CLEARWATER FL 33755**

Mailing Address

**1540 WALNUT ST  
CLEARWATER FL 33755**

2. Principal Place of Business

**406 GOOD SAMARITAN CHURCH  
SUITE, APT. #, ETC. ANNEX  
6085 PARK BLVD NO.**

3. Mailing Address

**PO 5763  
SUITE, APT. #, ETC. PARKWAY**

City & State

**PINEHILLS PARK FL**

City & State

**CLEARWATER FL**

Zip

**33781**

Country

**USA**

Zip

**33758**

Country

**USA**

4. FEI Number

**01-0718772**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**STEPHAN, MARY M  
1540 WALNUT ST  
CLEARWATER FL 33755**

7. Name and Address of New Registered Agent

Name  
**M. R. McGUIRE, TERRY J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3112 DUNEDIN RD #1437**  
(EXEC. DIRECTOR)  
City  
**PETERSBURG LARGO FL** Zip Code  
**33771**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	STEPHAN, MARY M	
STREET ADDRESS	1540 WALNUT ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, HARVEY	
STREET ADDRESS	1540 WALNUT ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, GEORGIE	
STREET ADDRESS	1540 WALNUT ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUNN, CAROL	
STREET ADDRESS	1540 WALNUT ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAUER, ELLEN L	
STREET ADDRESS	1540 WALNUT ST	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEYER, BRAD	
STREET ADDRESS	1540 WALNUT ST	
CITY-ST-ZIP	CLEARWATER FL 33755	

TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARRELL, KATHLEEN	
STREET ADDRESS	3112 DUNEDIN RD	
CITY-ST-ZIP	ST PETERSBURG, FL 33704	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELARTIN, JOHN	
STREET ADDRESS	114145th AVE E	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDENHARD, PAM	
STREET ADDRESS	2767 ENTERPRISE RD E #73	
CITY-ST-ZIP	CLEARWATER, FL 33759	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, CAROL	
STREET ADDRESS	2101 SUNSET PT RD #201	
CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, ELLEN	
STREET ADDRESS	554 WILIE ST.	
CITY-ST-ZIP	DUNEDIN, FL 33698	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, BRAD	
STREET ADDRESS	4709 7th AVENUE	
CITY-ST-ZIP	ST PETERSBURG, FL 33770	

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.

SIGNATURE: CAROL M. DUNN 5/9/03 (727) 443-5407

CR2E037 (10/02)