


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

07 APR -9 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N03000010779**  
 1. Entity Name  
 HIV/AIDS HUMAN LIFELINE, INC. (HAHL)



Principal Place of Business  
 PO BOX 4253  
 TALLAHASSEE, FL 32304

Mailing Address  
 PO BOX 4253  
 TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box #  
 2109 Evergreen Dr  
 Suite, Apt. #, etc.


3. Mailing Address  
 Suite, Apt. #, etc.

City & State Tall, FL

City & State

Zip 32304 Country Leon

Zip Country



04092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-3272544

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, GLENN  
 256 OAKVIEW DR  
 TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2007**

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

TITLE	T	<input type="checkbox"/> Delete
NAME	ARNETT, RACHELL	
STREET ADDRESS	1021 IDLEWILD DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32311	
TITLE	T	<input type="checkbox"/> Delete
NAME	RICHARD, DARICE DR.	
STREET ADDRESS	2109 EVERGREEN DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PRICE, BARBIE	
STREET ADDRESS	6635 KINGMAN DR	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SIMMONS, GLENN	
STREET ADDRESS	7007 JACKSON RD	
CITY-ST-ZIP	QUITMAN, GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adrian Walker	
STREET ADDRESS	273 Medical Common Pkwy	
CITY-ST-ZIP	Tall, FL 32310	
TITLE	T Harold Bellomy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	311 Estate Road	
CITY-ST-ZIP	Tall, FL 32303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Glenn Simmons 4/9/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #