



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010779						FILED 07 APR -9 PM 2:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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.		3. Mailing Address Suite, Apt. #, etc.		04092007 Chg-NP CR2E037 (12/06)			
City & State Tall. FL		City & State		4. FEI Number 59-3272544		Applied For Not Applicable	
Zip 32304		Country Leor		Zip		Country	
6. Name and Address of Current Registered Agent SIMMIONS, 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	T ARNETT, RACHELL 1021 IDLEWILD DR. TALLAHASSEE, FL 32311 <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	T RICHARD, DARICE DR. 2109 EVERGREEN DR. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100097570881 04/19/07--01032--030 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRICE, BARBIE 6635 KINGMAN DR TALLAHASSEE, FL <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Adrian Walker 873 Medical Commons Pkwy Tall. FL 32310 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SIMMIONS, GLENN 7007 JACKSON RD QUITMAN, GA <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Harold Bellamy 311 Estate Road 32303 Tall. FL. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/9/2007 Date Daytime Phone #			