


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90105 033 ****61.25

DOCUMENT # N03000010779

1. Entity Name
 HIV/AIDS HUMAN LIFELINE, INC. (HAHL)



Principal Place of Business
 2109 EVERGREEN DR
 TALLAHASSEE, FL 32304

Mailing Address
 2109 EVERGREEN DR
 TALLAHASSEE, FL 32304

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022008 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, 2008

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 type="checkbox"/> Delete
NAME	WALKER, ADRIAN	
STREET ADDRESS	873 MEDICAL LOMMON PLAZA	
CITY-ST-ZIP	TALLAHASSEE, FL 32310	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	SIMMONS, GLENN	
STREET ADDRESS	7007 JACKSON RD	
CITY-ST-ZIP	QUITMAN, GA	
TITLE	T	<input type="checkbox"/> Delete
NAME	BELLAMY, HAROLD	
STREET ADDRESS	311 ESTATE ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____