

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010779

FILED  
Feb 11, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2109 EVERGREEN DR  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

**Current Mailing Address:**

2109 EVERGREEN DR  
TALLAHASSEE, FL 32304

**New Mailing Address:**

FEI Number: 59-3272544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMMIONS, GLENN  
256 OAKVIEW DR  
TALLAHASSEE, FL 32304 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: ARNETT, RACHELL  
Address: 1021 IDLEWILD DR.  
City-St-Zip: TALLAHASSEE, FL 32311

Title: T ( ) Delete  
Name: RICHARD, DARICE DR.  
Address: 2109 EVERGREEN DR.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete  
Name: WALKER, ADRIAN  
Address: 873 MEDICAL LOMMON PLAZA  
City-St-Zip: TALLAHASSEE, FL 32310

Title: CEO (X) Delete  
Name: SIMMIONS, GLENN  
Address: 7007 JACKSON RD  
City-St-Zip: QUITMAN, GA

Title: T ( ) Delete  
Name: BELLAMY, HAROLD  
Address: 311 ESTATE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BELLAMY, HAROLD  
Address: 3511 ESTATE ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DR. DARICE RICHARD

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02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date