2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24229

FILED Jan 23, 2008 Secretary of State

Entity Name: AIDS SERVICE ASSOCIATION OF PINELLAS, INC.

Current Principal Place of Business: New Principal Place of Business: 5771 ROOSEVELT BLVD CLEARWATER, FL 337603413 US **Current Mailing Address: New Mailing Address:** 5771 ROOSEVELT BLVD CLEARWATER, FL 337603413 US FEI Number: 59-2862537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LABYAK, MARY J 5771 ROOSEVELT BLVD CLEARWATER, FL 337603413 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LABYAK, MARY J Name: Name: 5771 ROOSEVELT BLVD Address: Address: City-St-Zip: CLEARWATER, FL 337603413 City-St-Zip: Title: SD () Delete Title: CD (X) Change () Addition BELL, MICHAEL Name: GOMEZ, IAN Name: Address: 5771 ROOSEVELT BLVD Address: 2037 1ST AVENUE NORTH City-St-Zip: CLEARWATER, FL 33770 City-St-Zip: ST. PETERSBURG, FL 33713 Title: VD. () Delete Title: VD (X) Change () Addition KISTLER, SCOTT WESLEY, RITA Name: Name: 5771 ROOSEVELT BLVD THE MAYORS OFFICE Address: Address: City-St-Zip: CLEARWATER, FL 337603413 City-St-Zip: ST. PETERSBURG, FL 33731 (X) Change () Addition Title: CD () Delete Title: SD Name: BUBY, DAVID DR. Name: ULLRICH, LISA 5771 ROOSEVELT BLVD 880 EDEN ISLE BLVD., NE Address: Address: City-St-Zip: CLEARWATER, FL 337603413 City-St-Zip: ST. PETERSBURG, FL 33704 Title: () Delete Title: () Change (X) Addition KISTLER, SCOTT Name: Name: 5771 ROOSEVELT BLVD Address: Address: City-St-Zip: City-St-Zip: CLEARWATER, FL 33760

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: MARY J LABYAK Ρ 01/23/2008