2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N24229

Entity Name: AIDS SERVICE ASSOCIATION OF PINELLAS, INC.

Current Principal Place of Business:

5771 ROOSEVELT BLVD.
CLEARWATER, FL 337603413 US

New Principal Place of Business:

Current Mailing Address:

5771 ROOSEVELT BLVD.
CLEARWATER, FL 337603413 US

New Mailing Address:

FEI Number: 59-2862537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LABYAK, MARY J
5771 ROOSEVELT BLVD
CLEARWATER, FL 337603413 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: P ( ) Delete
Name: LABYAK, MARY J
Address: 5771 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 337603413

Title: CD ( ) Delete
Name: GOMEZ, IAN
Address: 2037 1ST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: VD ( ) Delete
Name: WESLEY, RITA
Address: THE MAYORS OFFICE
City-St-Zip: ST. PETERSBURG, FL 33731

Title: SD ( ) Delete
Name: ULLRICH, LISA
Address: 880 EDEN ISLE BLVD., NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: TD ( ) Delete
Name: KISTLER, SCOTT
Address: 5771 ROOSEVELT BLVD
City-St-Zip: CLEARWATER, FL 33760

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

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 P 01/13/2009
Electronic Signature of Signing Officer or Director — Date