

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90073 025 ****70.00

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1. Entity Name

AIDS ORPHANS AND STREET CHILDREN, INC.



Principal Place of Business

**865 E. HALL RD
MERRITT ISLAND, FL 32953**

Mailing Address

**865 E. HALL RD
MERRITT ISLAND, FL 32953**

DO NOT WRITE IN THIS SPACE



04202007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3210045

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLAND, ROBERT M
865 E HALL RD
MERRITT ISLAND, FL 32953**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRINGER, CATHY B
STREET ADDRESS	625 FOREST DRIVE
CITY-ST-ZIP	GROVE CITY, PA
TITLE	PD
NAME	BLAND, ROBERT
STREET ADDRESS	293 LAUREN CT
CITY-ST-ZIP	MERRITT ISLAND, FL
TITLE	VD
NAME	VANDERPOOL, KATHERINE S.
STREET ADDRESS	890 E. HALL RD
CITY-ST-ZIP	MERRITT ISLAND, FL
TITLE	D
NAME	DOOMS, GEORGE H
STREET ADDRESS	13000 US 41 N
CITY-ST-ZIP	EVANSVILLE, IN
TITLE	D
NAME	LITTLE, ELIZABETH
STREET ADDRESS	890 E HALL RD
CITY-ST-ZIP	MERRITT ISLAND, FL
TITLE	STD
NAME	DOOMS, TAMI L
STREET ADDRESS	13000 US 41 N
CITY-ST-ZIP	EVANSVILLE, IN

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IN THIS SPACE**

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 keys approved.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 40104902

AIDS ORPHANS AND STREET CHILDREN, INC.
2007 Uniform Business Report
59-3210045

~~#~~ N93000002781

Line 11. Additional Officers and Directors

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Bernice M. Bland	293 Lauren Ct	Merritt Island	FL	32953