

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90006 036 \*\*\*\*61.25

**DOCUMENT # N98000004069**

1. Entity Name

KIDS LIVING WITH AIDS, INC.



Principal Place of Business

~~C/O OUTPATIENT SURGERY MEMORIAL HOSPITAL~~  
2901 SWANN AVE  
TAMPA FL 33609

Mailing Address

~~C/O OUTPATIENT SURGERY MEMORIAL HOSPITAL~~  
2901 SWANN AVE  
TAMPA FL 33609

2. Principal Place of Business

*40 Endoscopy/Memorial Hospital*

3. Mailing Address

*only change*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3533959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

*40 Endoscopy*  
~~GIBBS, REBECCA~~  
~~C/O OUTPATIENT SURGERY-MEMORIAL HOSPITAL~~  
2901 SWANN AVE  
TAMPA FL 33609

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

*Rebecca Gibbs RN Director*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1/28/04*

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 ☐ Delete  
NAME GIBBS, REBECCA  
STREET ADDRESS 16519 CAYMAN DR  
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Delete  
NAME BARNETT, SHARON  
STREET ADDRESS 1412 KENSINGTON WOODS DRIVE  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Delete  
NAME SNIDER, BONNIE  
STREET ADDRESS 480 PRIVILA CR NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33703

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Rebecca Gibbs RN Director*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #