

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

FILED
May 25, 2007 08:00 A
Secretary of State

DOCUMENT # N98000004069

1. Entity Name
KIDS LIVING WITH AIDS, INC.



Principal Place of Business
C/O ENDOSCOPY/ MEMORIAL HOSP. TAL.
2901 SWANN AVE
TAMPA, FL 33609

Mailing Address
C/O ENDOSCOPY/ MEMORIAL HOSP. TAL.
2901 SWANN AVE
TAMPA, FL 33609



05222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3533959	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GIBBS, REBECCA
C/O ENDOSCOPY
2901 SWANN AVE
TAMPA, FL 33609

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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

Rebecca Gibbs RN BSN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/22/07

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBS, REBECCA 16519 CAYMAN DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARNETT, SHARON 1412 KENSINGTON WOODS DRIVE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SNIDER, BONNIE 480 PRIVILA CR NE SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 like empowered.

SIGNATURE:

Rebecca Gibbs RN BSN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/07

Date

Daytime Phone #