

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000875

FILED  
Feb 01, 2012  
Secretary of State

Entity Name: AGAINST HIV/AIDS INC.

## Current Principal Place of Business:

109 N. BARCELONA STREET  
PENSACOLA, FL 32502

## New Principal Place of Business:

307 E GADSDEN STREET  
PENSACOLA, FL 32501

## Current Mailing Address:

PO BOX 13374  
PENSACOLA, FL 32591

## New Mailing Address:

FEI Number: 27-5106072      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SHAFFER, JIM  
1575 EAST BLOUNT ST  
PENSACOLA, FL 32503      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  
Name: SHAFFER, JIM  
Address: 1575 EAST BLOUNT ST  
City-St-Zip: PENSACOLA, FL 32503

Title: TREA  
Name: O'DELL, LOUIS  
Address: 2303 W. MICHIGAN AVENUE, UNIT B-9  
City-St-Zip: PENSACOLA, FL 32526

Title: SEC  
Name: MURPHY, PEGGY  
Address: 307 E GADSDEN  
City-St-Zip: PENSACOLA, FL 32501

Title: VP F  
Name: MITCHELL, JERALD  
Address: 660 CARLTON ROAD  
City-St-Zip: PENSACOLA, FL 32534

Title: VP P  
Name: HATTEN, H.B.  
Address: 214 DONALD DRIVE  
City-St-Zip: PENSACOLA, FL 32507

I hereby 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 all other like empowered.

SIGNATURE: PEGGY MURPHY

SEC

02/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date