

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 10:15

DOCUMENT # N21635

(0)

1. Corporation Name

ESCAMBIA AIDS SERVICES & EDUCATION, INC.

Principal Place of Business

Mailing Address

P O BOX 13584
PENSACOLA FL 32591

P O BOX 13584
PENSACOLA FL 32591

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1987

3a. Date of Last Report

06/16/1994

4. FEI Number

59-2790233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WELCH, JOHN P
703 S. PALAFOX ST
PENSACOLA FL 32501

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE

PD

NAME

WELCH, JOHN

STREET ADDRESS

703 S. PALAFOX STREET

CITY - ST - ZIP

PENSACOLA FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

WESLEY, MARILYN

STREET ADDRESS

1190 WEST LEONARD #4

CITY - ST - ZIP

PENSACOLA FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

SD

NAME

POSEY, E CAROL

STREET ADDRESS

2710 MAGNOLIA AVENUE

CITY - ST - ZIP

PENSACOLA FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

TD

NAME

WATTS, JANIE T

STREET ADDRESS

2800 N. 19TH AVENUE

CITY - ST - ZIP

PENSACOLA FL

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Treasurer

Stiell, George

117 W. Garden Street-Pensacola 32501

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: John Welch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-95 (904) 432-7604