

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
07/21/1987

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WELCH, JOHN
STREET ADDRESS 703 S. PALAFOX STREET
CITY-ST-ZIP PENSACOLA FL
☐ DELETE

11 TITLE Past President
12 NAME Welch, John
13 STREET ADDRESS 703 S. Palafox St.
14 CITY-ST-ZIP Pensacola, FL 32501
☒ Change ☐ Addition

TITLE VD
NAME WESLEY, MARILYN
STREET ADDRESS 1190 WEST LEONARD #4
CITY-ST-ZIP PENSACOLA FL
☒ DELETE

21 TITLE Vice President
22 NAME Emmanuel, Brunie Mr.
23 STREET ADDRESS P.O. Box 177
24 CITY-ST-ZIP Gulf Breeze, FL 32562
☐ Change ☒ Addition

TITLE SD
NAME POSEY, E CAROL
STREET ADDRESS 2710 MAGNOLIA AVENUE
CITY-ST-ZIP PENSACOLA FL
☒ DELETE

31 TITLE Treasurer
32 NAME Hollinger, DeLois
33 STREET ADDRESS 100 W. Garden Street
34 CITY-ST-ZIP Pensacola, FL 32595
☐ Change ☒ Addition

TITLE T
NAME STIELL, GEORGE
STREET ADDRESS 117 W GARDEN ST
CITY-ST-ZIP PENSACOLA FL
☐ DELETE

41 TITLE President
42 NAME Stiell, George
43 STREET ADDRESS 117 W. Garden Street
44 CITY-ST-ZIP Pensacola, FL 32501
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

51 TITLE Secretary
52 NAME Montez, Terry
53 STREET ADDRESS 116 Kalash Street
54 CITY-ST-ZIP Pensacola, FL 32507
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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 an attachment with an address.

SIGNATURE: George Stiell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Jan. 1996 (904) 428-3477

CR2E037 (12/95)