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Secretary of State

03-03-1999 90044 047 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N21635					
1. Corporation Name ESCAMBIA AIDS SERVICES & EDUCATION, INC.					
Principal Place of Business 3624 W FAIRFIELD DR PENSACOLA FL 32505 US			Mailing Address P O BOX 13584 PENSACOLA FL 32591		

400330 - 90061 - 30



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/21/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2790233	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		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	85 FL	86 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	VPD <input type="checkbox"/> DELETE	1.1 TITLE	Board President "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, JOHN	1.2 NAME	John P. Welch
STREET ADDRESS	703 S. PALAFOX STREET	1.3 STREET ADDRESS	703 S. Palafox Street
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Board Vice-President "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMMANUEL, BRUNIE	2.2 NAME	Brunie Emmanuel
STREET ADDRESS	3624 W FAIRFIELD DR	2.3 STREET ADDRESS	3624 W. Fairfield Drive
CITY-ST-ZIP	GULF BREEZE FL	2.4 CITY-ST-ZIP	Pensacola, FL 32505
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	Board Treasurer "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIELL, GEORGE	3.2 NAME	Al Godwin
STREET ADDRESS	117 W GARDEN ST	3.3 STREET ADDRESS	3624 W. Fairfield Drive
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Pensacola, FL 32505
TITLE	BS <input type="checkbox"/> DELETE	4.1 TITLE	Board Secretary "D" <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VITTOE, RICK	4.2 NAME	Teresa Vickery
STREET ADDRESS	3416 W JACKSON ST	4.3 STREET ADDRESS	6 North Coyle Street
CITY-ST-ZIP	PENSACOLA FL 32505	4.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 with all other like empowered.

SIGNATURE: John P. Welch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/99 (850) 432-7604

Date

Daytime Phone #

CR2E037 (11/98)