2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21635

Entity Name: ESCAMBIA AIDS SERVICES & EDUCATION, INC.

Current Principal Place of Business:		New Principal Place of Business:		
3300 N. PACE BLVD SUITE 125 PENSACOLA, FL 32505	US			
Current Mailing Address:		New Mailing Address:		
3300 N. PACE BLVD PENSACOLA, FL 32505				
FEI Number: 59-2790233	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired()	
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		

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

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:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	4229 BURTONWOOD DRIVE	Title: Name: Address: City-St-Zip:	724 WEST MORENO ST		
Title:	VD () Delete	Title:			
Name:	PONSON, JENNIFER	Name:			
Address:	905 FAIRWAY DRIVE	Address:			
City-St-Zip:	PENSACOLA, FL 32507	City-St-Zip:			
Title:	T () Delete	Title:	5555 W. HWY 98, ROOM 3647		
Name:	MILLER, DARRELL S	Name:			
Address:	724 WEST MORENO ST	Address:			
City-St-Zip:	PENSACOLA, FL 32501	City-St-Zip:			
Title:	SD () Delete	Title:	SD (X) Change() Addition		
Name:	ROACH, BARBARA	Name:	FLYNN, DONNA		
Address:	1329 WINDSOR PARK ROAD	Address:	10731 BELUAH RD		
City-St-Zip:	GULF BREEZE, FL 32561	City-St-Zip:	PENSACOLA, FL 32526		
Title:	D () Delete	Title:			
Name:	FOSCUE, MARY MD	Name:			
Address:	5151 N. 9TH AVE	Address:			
City-St-Zip:	PENSACOLA, FL 32504	City-St-Zip:			
Title:	D () Delete	Title:	4990 MOBILE HIGHWAY		
Name:	CORDRAY, AMY	Name:			
Address:	2 GOODMAN LANE	Address:			
City-St-Zip:	PENSACOLA, FL 32506	City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE:	DARRELL MILLER	PD	02/27/2004
	Electronic Signature of Signing Officer or Director		Date

SYBIL SAHUQUE 404 EAST WINTHROP AVE PENSACOLA, FL 32507

NEAL MURPHY 7101 LILLIAN HIGHWAY #8 PENSACOLA, FL 32506

AMY WADDELL 9 WEST MAIN ST PENSACOLA, FL 32502

GERALD MUNDAY 123 SHORELINE DRIVE PENSACOLA, FL 32561

RON WHITE #12 SOUTH PALAFOX PLACE PENSACOLA, FL 32502

MELISS BAILEY 14 WEST JORDAN ST PENSACOLA, FL 32501