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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 10:06

DOCUMENT # **N37825** (9)

1. Corporation Name
WHITE HEAT AIDS FOUNDATION, INC.

Principal Place of Business Mailing Address
45 SOUTH JEFFERSON ST PENSACOLA FL 32501-5601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/24/1990	3a. Date of Last Report 05/01/1994
4. FEI Number 59-3004206	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**GOLDMAN, JAMES
45 S JEFFERSON ST
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE James N. Goldman, President James N. Goldman **01-19-95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GORE, W AYNE F.
STREET ADDRESS	520 W MALLORY ST
CITY-ST-ZIP	PENSACOLA FL
TITLE	TD
NAME	CATCHES, SAM
STREET ADDRESS	520 W MALLORY STREET
CITY-ST-ZIP	PENSACOLA FL
TITLE	D
NAME	PATTERSON, TROY
STREET ADDRESS	13 12TH ST.
CITY-ST-ZIP	SHALIMAR FL
TITLE	D
NAME	MADDOX, JOEL
STREET ADDRESS	P O BOX 591 N/A
CITY-ST-ZIP	PENSACOLA FL
TITLE	VPD
NAME	KILLOUGH, GARY
STREET ADDRESS	304 KEPNER DR.
CITY-ST-ZIP	FT. WALTON BEACH FL
TITLE	PD
NAME	GOLDMAN, JAMES N.
STREET ADDRESS	45 SOUTH JEFFERSON ST
CITY-ST-ZIP	PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	James Emerson
3.4 CITY-ST-ZIP	1010 N. 12th Avenue #133
	Pensacola, Florida 32501
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: James N. Goldman James N. Goldman **01-19-95** (904) 438-8112
Signature and typed or printed name of signing officer or director Date Daytime Phone #