

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

45 SOUTH JEFFERSON ST  
PENSACOLA FL 32501-5601

3. Date Incorporated or Qualified  
04/24/1990

3a. Date of Last Report  
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3004206

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDMAN, JAMES  
45 S JEFFERSON 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

TITLE ☐ DELETE

NAME D  
GORE, W AYNE F.  
STREET ADDRESS 520 W MALLORY ST  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME TD  
CATCHES, SAM  
STREET ADDRESS 520 W MALLORY STREET  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME D  
AMERSON, JAMES  
STREET ADDRESS 1010 N 12TH AVENUE #133  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME D  
MADDOX, JOEL  
STREET ADDRESS P O BOX 591 N/A  
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE

NAME VPD  
KILLOUGH, GARY  
STREET ADDRESS 304 KEPNER DR.  
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE ☐ DELETE

NAME PD  
GOLDMAN, JAMES N.  
STREET ADDRESS 45 SOUTH JEFFERSON ST  
CITY-ST-ZIP PENSACOLA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES N. GOLDMAN PRES

5/14/96

Date

904 438 8112

Daytime Phone #

CR2E037 (12/95)