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May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

45 SOUTH JEFFERSON ST
PENSACOLA FL 32501-5801

Mailing Address

45 SOUTH JEFFERSON ST
PENSACOLA FL 32501-58013. Date Incorporated or Qualified
04/24/19903a. Date of Last Report
05/17/1996

2. Principal Place of Business

21 207 S. JEFFERSON ST

2a. Mailing Address

26 207 S. JEFFERSON ST

4. FEI Number

59-3004206

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

City & State

23 PENSACOLA, FL

City & State

28 PENSACOLA, FL

6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

Zip

24 32501

Country

Zip

29 32501

Country

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

GOLDMAN, JAMES
45 S JEFFERSON ST
PENSACOLA FL 32501

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 ☐ DELETED
NAME GORE, W AYNE F.
STREET ADDRESS 520 W MALLORY ST
CITY-ST-ZIP PENSACOLA FLTITLE ☐ DELETETD
NAME CATCHES, SAM
STREET ADDRESS 520 W MALLORY STREET
CITY-ST-ZIP PENSACOLA FLTITLE ☐ DELETED
NAME AMERSON, JAMES
STREET ADDRESS 1010 N 12TH AVENUE #133
CITY-ST-ZIP PENSACOLA FLTITLE ☐ DELETED
NAME MADDOX, JOEL
STREET ADDRESS P O BOX 591 N/A
CITY-ST-ZIP PENSACOLA FLTITLE ☐ DELETEVPD
NAME KILLOUGH, GARY
STREET ADDRESS 304 KEPNER DR.
CITY-ST-ZIP FT. WALTON BEACH FLTITLE ☐ DELETEPD
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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072377

CR2E037 (9/96)