

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90932 034 ****61.25

DOCUMENT # N37825

1. Entity Name
ART AGAINST AIDS, INC.

Principal Place of Business
**114 1/2 SOUTH PALAFOX STREET
 PENSACOLA FL 32501
 US**

Mailing Address
**114 1/2 SOUTH PALAFOX STREET
 PENSACOLA FL 32501-4839
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**207 Jefferson St
 Pensacola FL**

3. Mailing Address
**207 Jefferson Street
 Pensacola FL**

4. FEI Number **59-3004206** Applied For
 Not Applicable

City & State
Pensacola FL

City & State
Pensacola FL

Zip **32501** Country **Escambia** Zip **32501** Country **Escambia**

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

6. Name and Address of Current Registered Agent
**GOLDMAN, JIM
 114 1/2 SOUTH PALAFOX STREET
 PENSACOLA FL 32501**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE D NAME GORE, W AYNE F. STREET ADDRESS 520 W MALLORY ST CITY-ST-ZIP PENSACOLA FL	<input checked="" type="checkbox"/> Delete
TITLE TD NAME CATCHES, SAM STREET ADDRESS 520 W MALLORY STREET CITY-ST-ZIP PENSACOLA FL	<input checked="" type="checkbox"/> Delete
TITLE D NAME AMERSON, JAMES STREET ADDRESS 1010 N 12TH AVENUE #133 CITY-ST-ZIP PENSACOLA FL	<input type="checkbox"/> Delete
TITLE D NAME MADDOX, JOEL STREET ADDRESS P O BOX 591 N/A CITY-ST-ZIP PENSACOLA FL	<input checked="" type="checkbox"/> Delete
TITLE VPD NAME KILLOUGH, GARY STREET ADDRESS 304 KEPNER DR. CITY-ST-ZIP FT. WALTON BEACH FL	<input type="checkbox"/> Delete
TITLE PD NAME GOLDMAN, JAMES N. STREET ADDRESS 45 SOUTH JEFFERSON ST CITY-ST-ZIP PENSACOLA FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE see/Tr. NAME Earl Watson STREET ADDRESS 1402 N 10th Ave CITY-ST-ZIP PENSACOLA FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Mity Velardi STREET ADDRESS 1521 E Bobe St. CITY-ST-ZIP Pensacola FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Sandy Whitehead STREET ADDRESS 400 N Davis Hwy CITY-ST-ZIP Pensacola FL 32501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Richard Crain STREET ADDRESS 292 Echo Circle CITY-ST-ZIP Ft Walton Beach FL 32548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Roxanne Doughtrey STREET ADDRESS 6247 Spanish Oak Ct CITY-ST-ZIP Pensacola, FL 32524	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME Dale Brown STREET ADDRESS 120 Brandon Ave CITY-ST-ZIP Pensacola FL 32507	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* **4-18-00** **850-438-8112**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (9/99)