

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90064 008 ****61.25

DOCUMENT # N37825

1. Entity Name
ART AGAINST AIDS, INC.

Principal Place of Business Mailing Address
207 JEFFERSON ST. **207 JEFFERSON ST.**
PENSACOLA FL 32501 **PENSACOLA FL 32501**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3004206		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
GOLDMAN, JIM 114 1/2 SOUTH PALAFOX STREET PENSACOLA FL 32501				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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
---------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	ST WATSON, EARL	<input type="checkbox"/> Delete	TITLE NAME	D Richard B. Crain	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1602 N. 10TH AVE.		STREET ADDRESS	292 ECHO CR	
CITY-ST-ZIP	PENSACOLA FL 32503		CITY-ST-ZIP	FT WALTON BCH, FL 32548	
TITLE NAME	D VELARDI, MITZI	<input checked="" type="checkbox"/> Delete	TITLE NAME	D DARRELL MILLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1521 E. BOBE ST.		STREET ADDRESS	3630 FLINTWOOD CR	
CITY-ST-ZIP	PENSACOLA FL 32503		CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE NAME	D WHITEHEAD, SANDY	<input checked="" type="checkbox"/> Delete	TITLE NAME	D DANNY KIRBY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	400 N. DAVIS HWY.		STREET ADDRESS	1214 W GARDEN ST	
CITY-ST-ZIP	PENSACOLA FL 32501		CITY-ST-ZIP	PENSACOLA, FL 32501	
TITLE NAME	D AMERSON, JAMES	<input checked="" type="checkbox"/> Delete	TITLE NAME	D Deb Root	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1010 N. 12TH AVE. #133		STREET ADDRESS	1169 Wood LAKE DR	
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP	PENSACOLA FL 32533	
TITLE NAME	VPD KILLOUGH, GARY	<input type="checkbox"/> Delete	TITLE NAME	D Chris LAKEWOOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	304 KEPNER DR.		STREET ADDRESS	1447 Andree DR	
CITY-ST-ZIP	FT. WALTON BEACH FL		CITY-ST-ZIP	Milton, FL 32571	
TITLE NAME	PD GOLDMAN, JAMES N.	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	45 SOUTH JEFFERSON ST		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP		

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]* Date: *2/24/02* Daytime Phone #: *850-438-8112*

CR2E037 (9/01)