

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

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 744438 (3)**

1. Corporation Name  
**BAY ARTS ALLIANCE, INC.**



Principal Place of Business <b>8 HARRISON AVENUE                  PO BOX 1153                  PANAMA CITY FL 32402</b>	Mailing Address <b>8 HARRISON AVENUE                  PO BOX 1153                  PANAMA CITY FL 32402</b>
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3. Date Incorporated or Qualified <b>10/02/1978</b>	
4. FEI Number <b>59-1850105</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**PAYNE II, WILLIAM H.  
 8 HARRISON AVENUE  
 PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *William H. Payne II*      **William H. Payne II**      **1-29-98**  
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	PD	<input type="checkbox"/> DELETE
NAME	<b>FITZ, MAC</b>	
STREET ADDRESS	<b>4612 BAYWOOD DR</b>	
CITY-ST-ZIP	<b>LYNN HAVEN-FL</b>	
TITLE	TP	<input type="checkbox"/> DELETE
NAME	<b>HAAG, JIM</b>	
STREET ADDRESS	<b>800 HARRISON AVE</b>	
CITY-ST-ZIP	<b>PANAMA CITY-FL</b>	
TITLE	VB	<input type="checkbox"/> DELETE
NAME	<b>LOOKER, JIM</b>	
STREET ADDRESS	<b>638 HARRISON AVENUE</b>	
CITY-ST-ZIP	<b>PANAMA CITY-FL</b>	
TITLE	PPD	<input type="checkbox"/> DELETE
NAME	<b>YORK, VIRGINIA</b>	
STREET ADDRESS	<b>7552 COLERIDGE ROAD</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jim Looker</b>	
1.3 STREET ADDRESS	<b>638 Harrison Ave.</b>	
1.4 CITY-ST-ZIP	<b>Panama City, FL 32401</b>	
2.1 TITLE	<b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Jim Haag</b>	
2.3 STREET ADDRESS	<b>144 Harrison Ave.</b>	
2.4 CITY-ST-ZIP	<b>Panama City, FL 32401</b>	
3.1 TITLE	<b>TP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Robert VanLandingham</b>	
3.3 STREET ADDRESS	<b>509 Harrison Ave</b>	
3.4 CITY-ST-ZIP	<b>Panama City</b>	
4.1 TITLE	<b>PPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Mac Fite</b>	
4.3 STREET ADDRESS	<b>4612 Baywood</b>	
4.4 CITY-ST-ZIP	<b>Lynn Haven, FL 32444</b>	
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 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: *Jim Looker*      **Jim Looker**      **1-29-98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CP12E037 (10/97)