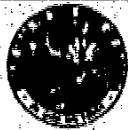


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

DOCUMENT # N34964 (9)

1. Corporation Name

BAY AIDS SERVICES & INFORMATION COALITION, INC.

95 MAY -1 PM 9: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

410 JENKS AVE.
PANAMA CITY FL 32401
US

Mailing Address

P. O. BOX 805
PANAMA CITY FL 32402-0805

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 12/01/1989	3a. Date of Last Report 04/20/1994
4. FEI Number 59-2994863	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**DEAN, FRANK
225 MACARTHUR 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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DEAN, FRANK
STREET ADDRESS	225 MACARTHUR AVENUE
CITY - ST - ZIP	PANAMA CITY FL
TITLE	DVP
NAME	IFFRIG, BILL
STREET ADDRESS	805 MACARTHUR AVE.
CITY - ST - ZIP	PANAMA CITY FL
TITLE	DT
NAME	FRANCESCO, JOHNNY
STREET ADDRESS	363 MASSALINA DRIVE
CITY - ST - ZIP	PANAMA CITY FL
TITLE	DS
NAME	GILMORE, EDWIN
STREET ADDRESS	17581 FORNT BEACH ROAD
CITY - ST - ZIP	PANAMA CITY FL
TITLE	D
NAME	PATTERSON, CHRISTOPHER
STREET ADDRESS	331 MAGNOLIA AVE.
CITY - ST - ZIP	PANAMA CITY FL
TITLE	D
NAME	PARSONS, WILLIAM
STREET ADDRESS	3305 KINGS RD.
CITY - ST - ZIP	PANAMA CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brown, Ron	
1.3 STREET ADDRESS	2629 West 10th Street	
1.4 CITY - ST - ZIP	Panama City, FL 32401	
2.1 TITLE	Director/Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stephens, Scott	
2.3 STREET ADDRESS	633 East 4th Street	
2.4 CITY - ST - ZIP	Panama City, FL 32401	
3.1 TITLE	Director/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jones, Mark	
3.3 STREET ADDRESS	6700 Oak Shore Drive #302	
3.4 CITY - ST - ZIP	Panama City, FL 32404	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Peters, Alvin	
5.3 STREET ADDRESS	36 Oak Avenue	
5.4 CITY - ST - ZIP	Panama City, FL 32401	
6.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Burch, Mark	
6.3 STREET ADDRESS	5204 Gulf Drive	
6.4 CITY - ST - ZIP	Panama City Beach, FL 32408	

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank Dean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Frank Dean, Executive Director

4/11/95 (904) 785-1088
Date Signature Herein #