

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Apr 19 1996 8:00 am  
Secretary of State

DOCUMENT # **N34964** (9)  
1. Corporation Name

**BAY AIDS SERVICES & INFORMATION COALITION, INC.**



Principal Place of Business: **410 JENKS AVE. PANAMA CITY FL 32401 US**  
Mailing Address: **P. O. BOX 805 PANAMA CITY FL 32402-0805**

3. Date Incorporated or Qualified: **12/01/1989**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2994863**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 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 **FL** 85 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 filing along) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	<input type="checkbox"/>
NAME	BROWN, RON	
STREET ADDRESS	2629 WEST 10TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DVP	<input type="checkbox"/>
NAME	STEPHENS, SCOTT	
STREET ADDRESS	633 EAST 4TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DT	<input type="checkbox"/>
NAME	JONES, MARK	
STREET ADDRESS	6700 OAK SHORE DRIVE, #302	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DS	<input checked="" type="checkbox"/>
NAME	GILMORE, EDWIN	
STREET ADDRESS	17561 FORNT BEACH ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/>
NAME	PETERS, ALVIN	
STREET ADDRESS	36 OAK AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input type="checkbox"/>
NAME	BURCH, MARK	
STREET ADDRESS	5204 GULF DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	DS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	NEWSOM, ELAINE		
4.3 STREET ADDRESS	800 PREMIERE DRIVE		
4.4 CITY-ST-ZIP	PANAMA CITY FL		
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 119.07(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 617, 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* **FRANK DEAN** Executive Director (904) 785-1088  
Date: **4.9.96** Signature and Typed or Printed Name of Signing Officer or Director

CR2E037 (12/95)