


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

**FILED**

**Mar 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N34964 (9)**

1. Corporation Name  
**BAY AIDS SERVICES & INFORMATION COALITION, INC.**



Principal Place of Business <b>410 JENKS AVE. PANAMA CITY FL 32401 US</b>	Mailing Address <b>P. O. BOX 805 PANAMA CITY FL 32402-0805</b>
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3. Date Incorporated or Qualified <b>12/01/1989</b>	
4. FEI Number <b>59-2994863</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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**

**DEAN, FRANK  
225 MACARTHUR AVENUE  
PANAMA CITY FL 32401**

**10. Name and Address of New Registered Agent**

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

**FL**

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 FRANK DEAN (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) Frank Dean DATE 3/11/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WARNER, TIMOTHY</b>		1.2 NAME	
STREET ADDRESS <b>221 MCKENZIE AVE.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PANAMA CITY FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>DVP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>SALCE, AMY</b>		2.2 NAME <b>LAPENSOHN, CAROLE</b>	
STREET ADDRESS <b>8115 THOMAS DRIVE, A-1</b>		2.3 STREET ADDRESS <b>15211 HWY 77</b>	
CITY-ST-ZIP <b>PANAMA CITY BEACH FL</b>		2.4 CITY-ST-ZIP <b>SOUTHPORT, FL 32409</b>	
TITLE <b>DT</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>DT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>EMBREE, LOFTON</b>		3.2 NAME <b>SWETT, CYNTHIA</b>	
STREET ADDRESS <b>6511 AZALEA STREET</b>		3.3 STREET ADDRESS <b>1205 INDIANA AVE</b>	
CITY-ST-ZIP <b>PANAMA CITY FL</b>		3.4 CITY-ST-ZIP <b>LYNN HAVEN, FL 32444</b>	
TITLE <b>DS</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>DS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>NEWSOME, ELAINE</b>		4.2 NAME <b>WILLIAMS, MONIQUE</b>	
STREET ADDRESS <b>800 PREMIERE DRIVE</b>		4.3 STREET ADDRESS <b>201 PELICAN WAY</b>	
CITY-ST-ZIP <b>PANAMA CITY FL</b>		4.4 CITY-ST-ZIP <b>PANAMA CITY BEACH, FL 32408</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PETERS, ALVIN</b>		5.2 NAME	
STREET ADDRESS <b>36 OAK AVENUE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>PANAMA CITY FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GORDON, LARRY</b>		6.2 NAME <b>CRANDALL, THOM</b>	
STREET ADDRESS <b>511 MASSALINA DRIVE</b>		6.3 STREET ADDRESS <b>P. O. BOX 820 (N/A)</b>	
CITY-ST-ZIP <b>PANAMA CITY FL</b>		6.4 CITY-ST-ZIP <b>PORT ST JOE, FL 32457</b>	

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 Frank Dean DATE 3/11/98

CFR2E037 (10/97)