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**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90194 009 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N34964**

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

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/01/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2994863

Applied For  
 Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
 Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAN, FRANK  
 225 MACARTHUR AVENUE  
 PANAMA CITY FL 32401

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WARNER, TIMOTHY	
STREET ADDRESS	221 MCKENZIE AVE.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	LAPENSOHN, CAROLE	
STREET ADDRESS	15211 HWY 77	
CITY-ST-ZIP	SOUTHPORT FL 32409	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SWETT, CYNTHIA	
STREET ADDRESS	1205 INDIANA AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MONIQUE	
STREET ADDRESS	201 PELICAN WY	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PETERS, ALVIN	
STREET ADDRESS	36 OAK AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRANDALL, THOM	
STREET ADDRESS	P O BOX 820 N/A	
CITY-ST-ZIP	PT ST JOE FL 32457	

1.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KALIFEH, PHYLLIS	
1.3 STREET ADDRESS	450 JENKS AVENUE	
1.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CROSWELL, HELEN	
3.3 STREET ADDRESS	1200 W 11TH STREET	
3.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARSHALL, CHARLOTTE	
5.3 STREET ADDRESS	208 N. MACARTHUR AVE.	
5.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HINES, VERMA	
6.3 STREET ADDRESS	6306 LAKE DRIVE	
6.4 CITY-ST-ZIP	CALLAWAY, FL 32404	

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, with all other like empowered.

SIGNATURE: *Frank Dean* REGISTERED AGENT 4-23-99 850 785 1088  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)