

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 16, 2003 8:00 am
Secretary of State

S/

05-05-2003 91772 011 ****70.00

DOCUMENT # N34964

1. Entity Name

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

~~BASIC NWFL, 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2994863**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

DEAN, FRANK
2912 TUPELO DRIVE
PANAMA CITY FL 32403

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL **32405**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	DP MILLER, DANNY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1605 SANTA ANITA DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE NAME	DVP WILLIAMS, FRED M	<input type="checkbox"/> Delete
STREET ADDRESS	6610 WEST THOMAS DRIVE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE NAME	D TENNA, RANDALL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5230 WEST HIGHWAY 98	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE NAME	DS WASHINGTON, MOSELL	<input type="checkbox"/> Delete
STREET ADDRESS	C/O GCCC 5230 WEST HIGHWAY 98	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE NAME	D MATSON, RAYMOND	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3033 WEST 30TH COURT	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE NAME	D BRUCE, JOHN SR.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	920 CENTER AVENUE	
CITY-ST-ZIP	PANAMA CITY FL 32401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	NVP Nancy Jones	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	845 Jenks Avenue	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE NAME	NP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	N Keela Glover	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1022 West 23rd Street	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE NAME	N George Hines	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1603 Rhode Island Avenue	
CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE NAME	N Deanna Hines FRANK DEAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6306 Lake Drive 2912 TUPELO DRIVE	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE NAME	N Julie Ritzerow	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	525 East 15th Street	
CITY-ST-ZIP	Panama City, FL 32405	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Dean Frank Dean 06/30/01 950-785-1088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)