

**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**

95 APR -7 AM 11: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N46423 (2)**  
1. Corporation Name  
**NORTH BAY ALERT COMMUNITY IMPROVEMENT ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**2309 MOUND AVE PANAMA CITY FL 32405** **239 E FOURTH STREET PANAMA CITY FL 32401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/11/1991</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-3099086</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**WARREN, FRIEDA (TINK)  
2309 MOUND AVENUE  
PANAMA CITY FL 32405**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>WARREN, FRIEDA (TINK)</b>
STREET ADDRESS	<b>2309 MOUND AVENUE</b>
CITY - ST - ZIP	<b>PANAMA CITY FL</b>
TITLE	<b>SD</b>
NAME	<b>ZIERDEN, ANNE H</b>
STREET ADDRESS	<b>4450 ASHLAND ROAD</b>
CITY - ST - ZIP	<b>PANAMA CITY FL</b>
TITLE	<b>DVP</b>
NAME	<b>MCCONNELL, MIKE</b>
STREET ADDRESS	<b>4448 ASHLAND ROAD</b>
CITY - ST - ZIP	<b>PANAMA CITY FL</b>
TITLE	<b>DT</b>
NAME	<b>WARREN, CLAUDE</b>
STREET ADDRESS	<b>2309 MOUND AVE</b>
CITY - ST - ZIP	<b>PANAMA CITY FL</b>
TITLE	<b>DP</b>
NAME	<b>BISSONNETTE, KARWYN</b>
STREET ADDRESS	<del>6552 HARBOUR BLVD</del>
CITY - ST - ZIP	<del>PANAMA CITY FL</del>
TITLE	<b>D</b>
NAME	<b>STEPHENS, DEBORAH ANN</b>
STREET ADDRESS	<b>3908 W 27TH STREET</b>
CITY - ST - ZIP	<b>PANAMA CITY FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>2122 St. Andrews Blvd.</b>
5.4 CITY - ST - ZIP	<b>Panama City, FL 32405</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Frieda A. Warren*, Pres. 4/2/95 (904) - 785-7093  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)