

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N46423 (2)**  
 1. Corporation Name

**NORTH BAY ALERT COMMUNITY IMPROVEMENT ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **12/11/1991**  
 3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business (21-24)  
 2a. Mailing Address (25-28)  
 Suite, Apt. #, etc. (22, 27)  
 City & State (23, 28)  
 Zip (24, 29) Country (25, 30)

4. FEI Number: **59-3099086**  
 Applied For:  Not Applicable  
 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

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

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WARREN, FRIEDA (TINK)	
STREET ADDRESS	2309 MOUND AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZIERDEN, ANNE H	
STREET ADDRESS	4450 ASHLAND ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MCCONNELL, MIKE	
STREET ADDRESS	4448 ASHLAND ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WARREN, CLAUDE	
STREET ADDRESS	2309 MOUND AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BISSONNETTE, KARWYN	
STREET ADDRESS	2122 ST. ANDREWS BLVD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D SJKS	<input type="checkbox"/> DELETE
NAME	STEPHENS, DEBORAH ANN <i>stephens</i>	
STREET ADDRESS	3908 W 27TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	

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	<i>Director / Parliamentarian</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>SJKS, Deborah Stephens</i>
6.3 STREET ADDRESS	<i>3908 W 27th Street</i>
6.4 CITY-ST-ZIP	<i>Panama City, FL 32401</i>

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: \_\_\_\_\_ Pres. *6/22/96* (904) 747-6017  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)