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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32401-3110

3. Date Incorporated or Qualified: 12/11/1991
3a. Date of Last Report: 06/27/1996
4. FEI Number: 59-3099086
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARREN, FRIEDA (TINK)
2309 MOUND AVENUE
PANAMA CITY FL 32405

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 columns: OFFICERS AND DIRECTORS. Includes rows for PD WARREN, FRIEDA (TINK), SD ZIERDEN, ANNE H, DVP MCCONNELL, MIKE, DT WARREN, CLAUDE, DP BISSONNETTE, KARWYN, and D JELKS, DEBORAH STEPHE.

Table with 13 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes rows 1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4.

14. I do 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: [Signature] 1/22/97 (904) 247-1017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0009368

CP2E037 (9/96)