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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N46423

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

12/11/1991

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

9. Name and Address of Current Registered Agent

WARREN, FRIEDA (TINK)
 2309 MOUND AVENUE
 PANAMA CITY FL 23405

10. Name and Address of New Registered Agent

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	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	<input type="checkbox"/> DELETE
NAME	JELKS, DEBORAH STEPHE	
STREET ADDRESS	238 EAST FOURTH STREET	
CITY-ST-ZIP	PANAMA CITY FL	

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	
5.4 CITY-ST-ZIP	
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 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: *Frieda Tink Warren* (Typed Name) 2/28/99 850-785-9093 (Date and Daytime Phone #)

CR2E037 (11/98)