

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90330 038 \*\*\*\*61.25

**DOCUMENT # N46423**  
 1. Entity Name  
**NORTH BAY ALERT COMMUNITY IMPROVEMENT ASSOCIATION, INC.**



Principal Place of Business: **2309 MOUND AVE PANAMA CITY FL 32405**  
 Mailing Address: **299 E FOURTH STREET PANAMA CITY FL 32401**

00003713

2. Principal Place of Business: **120 E 2nd Place**  
 Suite, Apt. #, etc.  
 3. Mailing Address: **516 McKenzie Ave.**  
 Suite, Apt. #, etc.



1st MOORE CR2E037 (10/04)

City & State: **Panama City, FL**  
 Zip: **32401** Country: **USA**

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

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WARREN, FRIEDA (TINK)**  
~~2309 MOUND AVENUE~~ **6313 Little Dirt Rd.**  
**PANAMA CITY FL 23404**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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: <b>PD</b>	<input type="checkbox"/> Delete
NAME: <b>WARREN, FRIEDA (TINK)</b>	
STREET ADDRESS: <del>2309 MOUND AVENUE</del>	
CITY-ST-ZIP: <b>PANAMA CITY FL</b>	
TITLE: <del>SD</del>	<input type="checkbox"/> Delete
NAME: <b>ZIERDEN, ANNE H</b>	
STREET ADDRESS: <b>4450 ASHLAND ROAD</b>	
CITY-ST-ZIP: <b>PANAMA CITY FL</b>	
TITLE: <del>DVR</del>	<input type="checkbox"/> Delete
NAME: <b>MCCONNELL, MIKE</b>	
STREET ADDRESS: <b>4448 ASHLAND ROAD</b>	
CITY-ST-ZIP: <b>PANAMA CITY FL</b>	
TITLE: <del>BT</del>	<input type="checkbox"/> Delete
NAME: <b>WARREN, CLAUDE</b>	
STREET ADDRESS: <b>2309 MOUND AVE</b>	
CITY-ST-ZIP: <b>PANAMA CITY FL</b>	
TITLE: <del>BP</del>	<input checked="" type="checkbox"/> Delete
NAME: <b>BISSENETTE, KARWYN</b>	
STREET ADDRESS: <b>2122 ST. ANDREWS BLVD</b>	
CITY-ST-ZIP: <b>PANAMA CITY FL</b>	
TITLE: <del>D</del>	<input checked="" type="checkbox"/> Delete
NAME: <b>JELKS, DEBORAH STEPH</b>	
STREET ADDRESS: <b>238 EAST FOURTH STREET</b>	
CITY-ST-ZIP: <b>PANAMA CITY FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: <b>6313 Little Dirt Road</b>	
CITY-ST-ZIP: <b>Panama City, FL 32404</b>	
TITLE: <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>VP/D/T/Parliamentarian Louise Berry</b>	
STREET ADDRESS: <b>926 Goose Bayou Rd.</b>	
CITY-ST-ZIP: <b>Lynn Haven, FL 32444</b>	
TITLE: <b>S/O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>Ginge Ketcham</b>	
STREET ADDRESS: <b>701 Beachcomber Dr.</b>	
CITY-ST-ZIP: <b>Lynn Haven, FL 32444</b>	

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: Louise C. Berry Louise C. Berry 4-14-05 850 271 5947  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 50039713  
#N46423

CONTINUED BLOCK 11

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Peter Berry  
926 Goose Bayou Rd.  
Lynn Haven, FL 32444

Addition

Candis Harbison  
120 E. 2<sup>nd</sup> Place  
Panama City, FL 32401

Addition

Dated this 14<sup>th</sup> day of April, 2005.



Louise Berry,  
VP/Treas./Parliamentarian/Director