

N96000003992

Barr
 Requestor's Name

P.O. Box 1165
 Address

Panama City, Fl. 32402
 City/State/Zip Phone #

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____ W96-14336
 (Corporation Name) (Document #) 553
4. _____ 625
 (Corporation Name) (Document #) 603
707

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

XH
7-31-96

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 9, 1996

BARR
POST OFFICE BOX 1165
PANAMA CITY, FL 32402

SUBJECT: BAY AFRICAN-AMERICAN RESPONSE TO AIDS, INC "BAAR"
Ref. Number: W96000014336

We have received your document for BAY AFRICAN-AMERICAN RESPONSE TO AIDS, INC "BAAR" and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

The effective date is not acceptable since it is not within five working days of the date of receipt.

The articles of incorporation of a nonprofit corporation must be prepared in compliance with section 617.0202, Florida Statutes. Please refer to that section of the law for assistance.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6927.

Kathy Hyman
Document Specialist

Letter Number: 096A00033373

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation.

ARTICLE I

Name

The name of the corporation shall be Bay African American Response to AIDS, Inc. hereinafter referred to as "BAAR"

ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be: The initial principal place of business is 612 East 8th Street, Panama City, FL 32401. The mailing address is Post Office Box 1165, Panama City, FL 32402. The Board of Director may from time to time move the principal office to any other address within Bay County of the State of Florida.

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are): This organization referred to as BAAR, an association of concerned citizens interested in educating the minority community about HIV transmission, prevention, testing and counseling. hereinafter

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows: The business, affairs, and election of directors for BAAR shall be managed by the By-laws adopted by the Board of Directors.

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617 0302, Florida Statutes, unless limited are as follows The powers of BAAR shall include, but not be limited to, the collection and disbursement of charitable contributions, the management and operation of the generally accepted practices necessary to conduct business as a non-profit organization, and all other powers incident to a fraternal benefit society.

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is Patricia Shannon
612 East 8th Street
Panama City, FL 32401

ARTICLE VII

Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Patricia A. Shannon(president) P.O. Box 892 Panama City, FL 32402	Tim Johnson(secretary) 6318 Babby Lane Panama City, FL 32404	Valerie Mincey(Vice President) 8149 Betty Louise Dr. Panama City, FL 32404
Drucie Robinson(treasurer) 1137 East 15th Street Panama City,FL 32405	Rose Butler(Chairperson of Planning Committee) 308 West 26th Street Panama City, FL 32444	

The undersigned incorporator has executed these Articles of Incorporation this 17th day of July, 19 96.

Signature of Incorporator.

Patricia Shannon

Patricia Shannon
Typed name of incorporator signing

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

1. The name of the corporation is: Bay African American Response to AIDS, Inc referred to as BAAR.

(must include suffix)

2. The name and address of the registered agent and office is:

PATRICIA A. SHANNON

(NAME)

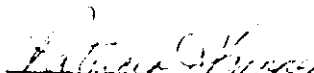
612 East 8th Street

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Panama City, FL 32401

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(SIGNATURE)

7-17-96

(DATE)