FI[illegible]OW: FILING FEE AFTER MAY 1 IS $155.00

[illegible]PORATION
AN[illegible]UAL REPORT
1995

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

APPROVED
AND
FILED

[illegible]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **744438** **(3)**

1. Corporation Name

BAY ARTS ALLIANCE, INC.

Principal Place of Business	Mailing Address
8 HARRISON AVENUE PO BOX 1153 PANAMA CITY FL 32402	8 HARRISON AVENUE PO BOX 1153 PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1978
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1850105 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VAN LANDINGHAM, PHYLLIS
107 LIMESTONE LANE
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name: Jerry Smithwick
82 Street Address (P.O. Box Number is Not Acceptable): 8 Harrison Avenue
83
84 City: Panama City FL 85 Zip Code: 32401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Jerry Smithwick President 04-14-95
(Signature, type 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	SD	11 TITLE		☐ Change ☐ Addition
NAME	FITE, MAC	12 NAME		
STREET ADDRESS	4612 BAYWOOD DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL	14 CITY-ST-ZIP		
TITLE	PPD	21 TITLE	Past President - D	☑ Change ☐ Addition
NAME	BLUE, ROB	22 NAME	Barbara Clemons	
STREET ADDRESS	424 BUNKERS COVE ROAD	23 STREET ADDRESS	602 Bunkers Cove Road	
CITY-ST-ZIP	PANAMA CITY FL	24 CITY-ST-ZIP	Panama City, Fl 32401	
TITLE	TD	31 TITLE	Treasurer - D	☑ Change ☑ Addition
NAME	VANLANDINGHAM, PHYLLIS	32 NAME	Jim Looker	
STREET ADDRESS	107 LIMESTONE LANE	33 STREET ADDRESS	638 Harrison Avenue	
CITY-ST-ZIP	PANAMA CITY FL 32405	34 CITY-ST-ZIP	Panama City, Fl 32401	
TITLE	PD	41 TITLE	President - D	☑ Change ☑ Addition
NAME	CLEMONS, BARBARA	42 NAME	Jerry Smithwick	
STREET ADDRESS	602 BUNKERS COVE ROAD	43 STREET ADDRESS	8 Harrison Avenue	
CITY-ST-ZIP	PANAMA CITY FL	44 CITY-ST-ZIP	Panama City, Fl 32401	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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] Jerry Smithwick 04-14-95 769-1217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0028462