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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 32402-1153

3. Date Incorporated or Qualified: 10/02/1978
3a. Date of Last Report: 02/05/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITHWICK, JERRY
8 HARRISON AVENUE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name: William H. Payne, II.
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 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: William H. Payne, II — William H. Payne, II — 3/31/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE	P.D.	☑ Change ☐ Addition
NAME	BLUE, ROB		1.2 NAME	Mac Fite	
STREET ADDRESS	424 BUNKERS		1.3 STREET ADDRESS	4412 Baywood Drive	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	Lynn Haven, FL 32444	
TITLE	PPD	☐ DELETE	2.1 TITLE	P.P.D.	☑ Change ☐ Addition
NAME	SMITHWICK, JERRY		2.2 NAME	Virginia York	
STREET ADDRESS	638 HARRISON AVENUE		2.3 STREET ADDRESS	7552 Coleridge Rd	
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP	Panama City, FL 32404	
TITLE	TD	☐ DELETE	3.1 TITLE	T.D.	☑ Change ☐ Addition
NAME	LOOKER, JIM		3.2 NAME	Jim Looker	
STREET ADDRESS	638 HARRISON AVENUE		3.3 STREET ADDRESS	638 Harrison Avenue	
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP	Panama City, FL 32401	
TITLE	PD	☐ DELETE	4.1 TITLE	T.P.	☑ Change ☐ Addition
NAME	YORK, VIRGINIA		4.2 NAME	Jim Haag	
STREET ADDRESS	7552 COLERIDGE ROAD		4.3 STREET ADDRESS	800 Harrison Avenue	
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP	Panama City, FL 32401	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: William H. Payne, II — William H. Payne, II — 3/31/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0009500