

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90074 050 ****61.25

DOCUMENT # 744438 1. Entity Name BAY ARTS ALLIANCE, INC.	
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Principal Place of Business 8 HARRISON AVENUE PO BOX 1153 PANAMA CITY, FL 32402	Mailing Address 8 HARRISON AVENUE PO BOX 1153 PANAMA CITY, FL 32402
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

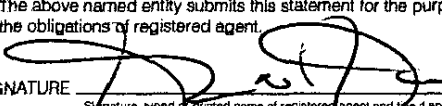


01072004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1850105		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONES, JENNIFER N 8 HARRISON AVE PANAMA CITY, FL 32401		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  **JENNIFER N. JONES** DATE **4/5/04**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEUBAUER, MARGARET 740 S TYNDELL PKWY PANAMA CITY, FL 32404 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAST PRESIDENT ☒ Change ☐ Addition MARGARET NEUBAUER 740 S. TYNDALL PKWY PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REISS, CHRIS 888 BUNKER CONE RD PANAMA CITY, FL 32401 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ELECT ☒ Change ☐ Addition PARISH, RICHARD 1000 WILDWOOD ROAD PANAMA CITY BEACH, FL 32407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE PELL, ROBERT 514 MAGNOLIA AVE PANAMA CITY, FL 32401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☒ Change ☐ Addition PELL, ROBERT 514 MAGNOLIA AVE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAAS, BARBARA 1212 DOWITT ST PANAMA CITY, FL 32401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ☒ Change ☐ Addition HAAG, BARBARA 1212 DEWITT ST PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLART, LINDA 322 WAHOO RD PANAMA CITY, FL 32411 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ☒ Change ☐ Addition HARRIMAN, JOAN 13911 BACK BEACH ROAD PANAMA CITY BEACH, FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NEUBAYER, MARGARET 740 S. TYNDALL PARKWAY PANAMA CITY, FL 32404 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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:  **JENNIFER N. JONES** DATE **4/5/04** DAYTIME PHONE **850-769-1217**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR