

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744438

FILED
Jan 05, 2006
Secretary of State

Entity Name: BAY ARTS ALLIANCE, INC.

Current Principal Place of Business:

8 HARRISON AVENUE
PO BOX 1153
PANAMA CITY, FL 32402

New Principal Place of Business:

Current Mailing Address:

8 HARRISON AVENUE
PO BOX 1153
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 59-1850105 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JENNIFER N
8 HARRISON AVE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CRAWFORD, HOOT
Address: 748 JENKS AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: PE () Delete
Name: BANNERMAN, CLAIRE
Address: P.O. BOX 611711
City-St-Zip: ROSEMARY BEACH, FL 32461

Title: TREA () Delete
Name: CLARK, ROGER
Address: 2304 WINONA DR
City-St-Zip: PANAMA CITY, FL 32405

Title: PP () Delete
Name: PELL, ROBERT
Address: 514 MAGNOLIA AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: S () Delete
Name: FITE, MAC
Address: P.O. BOX 2467
City-St-Zip: PANAMA CITY, FL 32402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MATSON, VIRGINIA
Address: 3033 WEST 30TH COURT
City-St-Zip: PANAMA CITY, FL 32405

Title: PE (X) Change () Addition
Name: HAMRICK, DON
Address: P.O. BOX 27995
City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PP (X) Change () Addition
Name: CRAWFORD, HOOD
Address: 748 JENKS AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA MATSON

Electronic Signature of Signing Officer or Director

PRES

01/05/2006

Date