2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744438

FILED Jul 05, 2007 Secretary of State

Entity Name: BAY ARTS ALLIANCE, INC.

Current Principal Place of Business: New Principal Place of Business:

8 HARRISON AVENUE 8 HARRISON AVENUE PO BOX 1153 PANAMA CITY, FL 32401 PANAMA CITY, FL 32402

New Mailing Address: Current Mailing Address:

8 HARRISON AVENUE PO BOX 1153 PANAMA CITY, FL 32402

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, JENNIFER N 8 HARRISON AVE

PANAMA CITY, FL 32401 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES PRES () Delete (X) Change () Addition

MATSON, VIRGINIA HAMRICK, DON Name: Name: 3033 WEST 30TH COURT Address: P.O. BOX 27995 Address:

City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: Title: PΕ (X) Change () Addition () Delete

HAMRICK, DON Name: BRUMM, STEVE Name: Address: P.O. BOX 27995 Address: P.O. BOX 27995

City-St-Zip: PANAMA CITY BEACH, FL 32411 City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: TREA () Delete Title: () Change () Addition

CLARK, ROGER Name: Name: Address: 2304 WINONA DR Address: City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

Name: CRAWFORD, HOOD Name: MATSON, VIRGINIA 748 JENKS AVENUE Address: Address: 3303 W 30TH CT City-St-Zip: PANAMA CITY, FL 32401 City-St-Zip: PANAMA CITY, FL 32405

Title: () Delete Title: () Change () Addition

FITE, MAC Name: Name: P.O. BOX 2467 Address: Address: City-St-Zip: PANAMA CITY, FL 32402 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JENNIFER N JONES EX D 07/05/2007