

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744438

FILED
Jan 15, 2009
Secretary of State

Entity Name: BAY ARTS ALLIANCE, INC.

Current Principal Place of Business:

8 HARRISON AVENUE
PANAMA CITY, FL 32401

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: BRUMM, STEVEN
Address: P.O. BOX 8400
City-St-Zip: SOUTHPORT, FL 32409

Title: PE () Delete
Name: DYE, KIRK
Address: 1221 PARKER PLACE, #22
City-St-Zip: SAN DIEGO, CA 92109

Title: TREA () Delete
Name: ROBINSON, BRIAN
Address: 11400 PANAMA CITY BEACH PARKWAY
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: PP () Delete
Name: HAMRICK, DON
Address: P.O. BOX 27995
City-St-Zip: PANAMA CITY BEACH, FL 32411

Title: S () Delete
Name: HAAG, BARBARA
Address: 1212 DEWITT
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DYE, KIRK
Address: 1221 PARKER PLACE #22
City-St-Zip: SAN DIEGO, CA 92109

Title: PE (X) Change () Addition
Name: SUMMERS, KIRSTEN
Address: 603 MALLORY DRIVE
City-St-Zip: PANAMNA CITY, FL 32401

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

Title: PP (X) Change () Addition
Name: BRUMM, STEVE
Address: P.O BOX 8400
City-St-Zip: SOUTHPORT, FL 32409

Title: S (X) Change () Addition
Name: FISHER, MARY L
Address: P.O. BOX 1153
City-St-Zip: PANAMA CITY, FL 32402

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

ED

01/15/2009

Electronic Signature of Signing Officer or Director

Date