2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

03-20-2006 90002 031 ****61.25

DOCUMENT # N05000001518

1. Entity Name
BAY AREA PARTNERSHIP FOR AFFORDABLE HOUSING,



INC.					100					
Principal Place 1515 EAST 1 PANAMA CITY	1TH STREET	Mailing Address 1515 EAST 11TH STREET PANAMA CITY, FL 32401				*				
					~					
2. Principal P	West US 98 % 60WB		3. Mailing Address P.D. Box 1731			1 (3 6 1 1 1 1 1 1				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				03172006 Chg-NP CR2E037 (11/05)				
City & State City, FL		City & State anama City, FL				4. FEI Numbe	409033		<u> </u>	oplied For ot Applicable
Zip Country 32401 U.S.A] Zip Cou		intry S /A			of Status Desired	۵ 🗆	\$8.75 Add	
	6. Name and Address of Current	Registered Agent		Name (2 .	7. Name and	Address of Nev	w Registered	Agent	
LA SEUR, LOIS E 7837 CAMPFLOWERS ROAD				Street Address (P.O. Box Number is Not Acceptable)						
1	OWN, FL FL 32-466				`			<u> </u>		
				469	r we	est 23'	d Street		1 2:- 0	
						ma Ci		FL	1.04-7	12
8. The above the obligat	named entity submits this statement ions of registered agent.	or the purpose of cha	nging its register	ed office or r	registere	ed agent, or bot	h, in the State of	Florida. I am	familiar with,	and accept
	4	1					3/17	loc.		
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Dografere	d Agent signature	re required v	when reinstating)	7	OATE		
	Filing Fee is \$61.25		ction Campaign F		_	\$5.00 May B		Make chec		
	Due by May 1, 2006		st Fund Contribut	ion. L		Added to Fees		iorida Depar		
10.	OFFICERS AND DI	RECTORS De	11. lete TITU	E	~		ANGES TO OFFI	• •	RECTORS IN Change	10 Addition
NAME OTOSST +DDDSSSS	THOMASSON, RON	73	NAM	IE C	Gerr	man, sei Moore Dri	nnifer B			7
STREET ADDRESS CITY-ST-ZIP	1532 CHANDLEE PANAMA CITY, FL 32405			EET ADDRESS '-ST-ZIP	318 1 Lyn	n Haven,	FL 324	44		
TITLE	V.CH	∑7 De		e la	\				☐ Change	Addition
STREET ADDRESS	KELLY, JAMES REV. 3706 E. 11TH STREET		NAM STRE	EET ADDRESS	3401	West 23	Brian D and Street			-
CITY-ST-ZIP	PANAMA CITY, FL 32401			-ST-ZIP	Pana	ima Cit	4, FL 32	2405		
TITLE NAME	S/T TOLLIVER, TRACY	∑ De	lete TITLI	E 1	,				☐ Change	Addition A
STREET ADDRESS	1125 WILSON AVE		STRE	EET ADDRESS	8 Har	ios, Tom	rcle ,			
CITY-ST-ZIP	PANAMA CITY, FL 32401			-51-217	Panai	ma City,	FL 3240	5		
TITLE NAME		□ De	lete TITL NAM	i i					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-\$t-zip						
TITLE		De					<u> </u>		☐ Change	Addition
NAME		_ 33	NAM							
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '-ST-ZIP						
TITLE		De							☐ Change	Addition
NAME STREET ADDRESS			NAM Stri	EET ADDRESS						
CITY-ST-ZIP			4	-ST-ZIP						
	certify that the information supplied wit									

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or diffector 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 German Derman ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06 Date

850-873-3521

Daytime Phone #