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Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37584**

(2)

1. Corporation Name

THE B.A.M. PROJECT, INC.



Principal Place of Business

Mailing Address

**2295 PASCO STREET
TALLAHASSEE FL 32307**

**BARBARA R. ROUSE
8318 PORTSMOUTH CT
TALLAHASSEE FL 32311-9422**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/11/1990

3a. Date of Last Report

12/12/1996

4. FEI Number

59-3157607

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**ROUSE, BARBARA R
8218 PORTSMOUTH CT.
TALLAHASSEE FL 32311**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DFND** ☐ DELETE

NAME **ROUSE, BARBARA R**
STREET ADDRESS **8318 PORTSMOUTH COURT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **C** ☐ DELETE

NAME **WATSON, GERALD**
STREET ADDRESS **1902 RODEO DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **S** ☐ DELETE

NAME **LAMAR, WILLIAM**
STREET ADDRESS **4813 BARCLAY LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **COUN** ☐ DELETE

NAME **SIMMONDS, KEITH**
STREET ADDRESS **2447-B TALCO HILL COURT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **TD** ☐ DELETE

NAME **SIMMONS, JAMES**
STREET ADDRESS **4629 PIMLICO DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Barbara Rouse

July 19, 1997

CP2E037 (9/96)