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FILED
Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2295 PASCO STREET TALLAHASSEE FL 32307	Mailing Address BARBARA R. ROUSE 8318 PORTSMOUTH CT TALLAHASSEE FL 32311
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3. Date Incorporated or Qualified 04/11/1990
4. FEI Number 59-3157607
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
ROUSE, BARBARA R 8218 PORTSMOUTH CT. TALLAHASSEE FL 32311	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	ROUSE, BARBARA R
STREET ADDRESS	8318 PORTSMOUTH COURT
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, GERALD
STREET ADDRESS	1902 RODEO DR.
CITY-ST-ZIP	TALLAHASSEE FL 32311
TITLE	<input type="checkbox"/> DELETE
NAME	LAMAR, WILLIAM
STREET ADDRESS	4613 BARCLAY LANE
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	<input type="checkbox"/> DELETE
NAME	SIMMONDS, KEITH
STREET ADDRESS	2447-B TALCO HILL COURT
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	SIMMONS, JAMES
STREET ADDRESS	4629 PIMLICO DR.
CITY-ST-ZIP	TALLAHASSEE FL 32308
TITLE	<input type="checkbox"/> DELETE
NAME	Chaplain Joseph Jones
STREET ADDRESS	2562 Linsey Ct
CITY-ST-ZIP	Tallahassee, FL 32310

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	D
1.2 NAME	Sonia Benson
1.3 STREET ADDRESS	1698-23 Stucky Ave.
1.4 CITY-ST-ZIP	Tallahassee, Fla. 32310
2.1 TITLE	VP/D
2.2 NAME	Watson, Gerald
2.3 STREET ADDRESS	1902 Rodeo Dr.
2.4 CITY-ST-ZIP	Tallahassee, Fl. 32311
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 R. Rouse*

1/21/98

CR2E037 (1097)