

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90044 041 ****61.25

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DOCUMENT # N37584

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/11/1990

4. FEI Number

59-3157607

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

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 PD ☐ DELETE

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

TITLE CVPD ☐ DELETE

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

TITLE S ☐ DELETE

NAME LAMAR, WILLIAM
STREET ADDRESS 4613 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 D ☒ DELETE

NAME BENSON, SONJA
STREET ADDRESS 1698-23 STUCY AVE
CITY-ST-ZIP TALLAHASSEE FL 32310

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME George Drumming
1.3 STREET ADDRESS 2623 Bantary Bay Dr.
1.4 CITY-ST-ZIP Tallahassee, FL 32308

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Joseph Jones
2.3 STREET ADDRESS 2502 Linsey Ct.
2.4 CITY-ST-ZIP Tallahassee, FL 32310

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 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, with all other like empowered.

SIGNATURE:

Barbara Rouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 1998

Date

656-1398

Daytime Phone #

CR2E037 (11/98)