

FILE NOW: FILING FEE IS \$61.25

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Jan 31 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 # **N46423** (2)

1. Corporation Name

NORTH BAY ALERT COMMUNITY IMPROVEMENT ASSOCIATION, INC.



Principal Place of Business	Mailing Address
2309 MOUND AVE PANAMA CITY FL 32405	239 E FOURTH STREET PANAMA CITY FL 32401-3110

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

3. Date Incorporated or Qualified 12/11/1991	3a. Date of Last Report 06/27/1996
4. FEI Number 59-3099086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
WARREN, FRIEDA (TINK) 2309 MOUND AVENUE PANAMA CITY FL 32405

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

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	PD <input type="checkbox"/> DELETE
NAME	WARREN, FRIEDA (TINK)
STREET ADDRESS	2309 MOUND AVENUE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	ZIERDEN, ANNE H
STREET ADDRESS	4450 ASHLAND ROAD
CITY-ST-ZIP	PANAMA CITY FL
TITLE	DVP <input type="checkbox"/> DELETE
NAME	MCCONNELL, MIKE
STREET ADDRESS	4448 ASHLAND ROAD
CITY-ST-ZIP	PANAMA CITY FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	WARREN, CLAUDE
STREET ADDRESS	2309 MOUND AVE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	BISSENNETTE, KARWYN
STREET ADDRESS	2122 ST. ANDREWS BLVD
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JELKS, DEBORAH STEPHE
STREET ADDRESS	238 EAST FOURTH STREET
CITY-ST-ZIP	PANAMA CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *[Signature]* 1/22/97 (904) 247-1017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000386

CR2E037 (9/96)