

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90057 014 \*\*\*\*61.25

**DOCUMENT # N46423**

1. Entity Name

**NORTH BAY ALERT COMMUNITY IMPROVEMENT  
ASSOCIATION, INC.**



Principal Place of Business

**2309 MOUND AVE  
PANAMA CITY FL 32405**

Mailing Address

**239 E FOURTH STREET  
PANAMA CITY FL 32401**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**59-3099086**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WARREN, FRIEDA (TINK)  
2309 MOUND AVENUE  
PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **WARREN, FRIEDA (TINK)**  
STREET ADDRESS **2309 MOUND AVENUE**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **SD** ☐ Delete  
NAME **ZIERDEN, ANNE H**  
STREET ADDRESS **4450 ASHLAND ROAD**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **DVP** ☐ Delete  
NAME **MCCONNELL, MIKE**  
STREET ADDRESS **4448 ASHLAND ROAD**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **DT** ☐ Delete  
NAME **WARREN, CLAUDE**  
STREET ADDRESS **2309 MOUND AVE**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **DP** ☐ Delete  
NAME **BISSONNETTE, KARWYN**  
STREET ADDRESS **2122 ST. ANDREWS BLVD**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **D** ☐ Delete  
NAME **JELKS, DEBORAH STEPHE**  
STREET ADDRESS **238 EAST FOURTH STREET**  
CITY-ST-ZIP **PANAMA CITY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Frieda A. Warren (Tink)* 4/27/04 785-9093