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Aug 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000463 (8)

1. Corporation Name

THE BAY AREA MUSICIAN'S ORGANIZATION, INC.

Principal Place of Business

P.O. BOX 2223
PANAMA CITY FL 32402

Mailing Address

P.O. BOX 2223
PANAMA CITY FL 32402-2223



3. Date Incorporated or Qualified 01/26/1995
3a. Date of Last Report 11/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-3273405

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKINNEY, MARGARET
15412 BLUE SPRINGS ROAD
YOUNGSTOWN FL 32466

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 GOLDFLISS, DAVID
STREET ADDRESS 505 DOLPHIN DR.
CITY-ST-ZIP PANAMA CITY BEACH FL 33413

TITLE SD ☒ DELETE

NAME BAXTER, MELISSA
STREET ADDRESS 429 1/2 MASSALINA DRIVE
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE TD ☐ DELETE

NAME MCKINNEY, MARGARET
STREET ADDRESS 15412 BLUE SPRINGS RD.
CITY-ST-ZIP YOUNGSTOWN FL 32461

TITLE D ☒ DELETE

NAME YOUNG, JAY
STREET ADDRESS 4318 PINETREE LANE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE D ☒ DELETE

NAME ROBINSON, RON
STREET ADDRESS 1924 QUAIL RUN
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE D ☒ DELETE

NAME ESTRADA, JAMES
STREET ADDRESS 6231 E. HWY. 98, APT. B
CITY-ST-ZIP PARKER FL 32404

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME BRIAN MATTINGLY
1.3 STREET ADDRESS 610 CARRIE LANE
1.4 CITY-ST-ZIP LYNN HAVEN, FL 32444

2.1 TITLE SD ☐ Change ☒ Addition

2.2 NAME RON MERRITT
2.3 STREET ADDRESS P.O. BOX 4082
2.4 CITY-ST-ZIP PANAMA CITY, FL 32401

3.1 TITLE MD ☐ Change ☒ Addition

3.2 NAME MATT LAW
3.3 STREET ADDRESS 412 S. MACARTHUR
3.4 CITY-ST-ZIP PANAMA CITY, FL 32401

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME MICHAEL MCKINNEY
4.3 STREET ADDRESS 15412 BLUE SPRINGS RD
4.4 CITY-ST-ZIP YOUNGSTOWN, FL 32466

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME BRIAN OSBORNE
5.3 STREET ADDRESS 6513 BOATRACE RD.
5.4 CITY-ST-ZIP PANAMA CITY, FL 32403

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.

CR2E037 (9/96)