

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
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90081 015 ****61.25

DOCUMENT # N95000000463

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

01/26/1995

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

9. Name and Address of Current Registered Agent

MCKINNEY, MARGARET
15412 BLUE SPRINGS ROAD
YOUNGSTOWN FL 32466

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
NAME MCNUTT, BRUCE
STREET ADDRESS 526 EAST 4TH CT
CITY-ST-ZIP PANAMA CITY FL 32401 ☒ DELETE

TITLE SD
NAME FRYE, GREG
STREET ADDRESS 8926 KINGSWOOD
CITY-ST-ZIP SOUTHPORT FL 32409 ☐ DELETE

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

TITLE D
NAME LAW, MATT
STREET ADDRESS 448 S MACARTHUR
CITY-ST-ZIP PANAMA CITY FL ☒ DELETE

TITLE D
NAME MCKINNEY, MICHAEL
STREET ADDRESS 15412 BLUE SPRINGS RD
CITY-ST-ZIP YOUNGSTOWN FL ☐ DELETE

TITLE D
NAME OSBORN, BRIAN
STREET ADDRESS 6513 BOATRACE RD
CITY-ST-ZIP PANAMA CITY FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME STEVE BLAND
1.3 STREET ADDRESS 8028 BETTY LOUISE DR.
1.4 CITY-ST-ZIP PANAMA CITY, FL 32404

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME RICK HOWARD
4.3 STREET ADDRESS 2832 ALTHA AVE.
4.4 CITY-ST-ZIP PANAMA CITY, FL 32405

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME KARAN KARLSTAD
6.3 STREET ADDRESS 9711 SUNDAY CIRCLE
6.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/99 850-722-4915
Date Daytime Phone #

CR2E037 (11/98)