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FILED
Jun 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003992 (2)**

1. Corporation Name

BAY AFRICAN AMERICAN RESPONSE TO AIDS, INC.



Principal Place of Business

Mailing Address

**612 EAST 8TH STREET
PANAMA CITY FL 32401**

**POST OFFICE BOX 1165
PANAMA CITY FL 32402-1165**

3. Date Incorporated or Qualified
07/26/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHANNON, PATRICIA
612 EAST 8TH STREET
PANAMA CITY FL 32401**

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	<input type="checkbox"/> DELETE
NAME	P O SHANNON, PATRICIA
STREET ADDRESS	612 EAST 8TH STREET
CITY-ST-ZIP	PANAMA CITY FL 32401
TITLE	<input type="checkbox"/> DELETE
NAME	T ROBINSON, DRUCIE
STREET ADDRESS	1137 EAST 15TH STREET
CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	<input type="checkbox"/> DELETE
NAME	S O JOHNSON, TIM
STREET ADDRESS	6318 BABBY LANE
CITY-ST-ZIP	PANAMA CITY FL 32404
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	V MINCEY, VALERIE
STREET ADDRESS	8149 BETTY LOUISE DR.
CITY-ST-ZIP	PANAMA CITY FL 32404
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	C D BUTLER, ROSE
STREET ADDRESS	308 WEST 26TH STREET
CITY-ST-ZIP	PANAMA CITY FL 32444
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Butler, Rose
4.3 STREET ADDRESS	308 West 26th Street
4.4 CITY-ST-ZIP	Panama City FL 32404
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.

CR2E037 (9/96)