

FILE NOW: FILING FEE IS \$61.25

Amend. 1

FILED

Jan 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # **N96000003992 (2)**

1. Corporation Name

**BAY AFRICAN AMERICAN RESPONSE TO AIDS, INC.**



Principal Place of Business <b>612 EAST 8TH STREET PANAMA CITY FL 32401</b>	Mailing Address <b>POST OFFICE BOX 1165 PANAMA CITY FL 32402</b>
--	---

3. Date Incorporated or Qualified

**07/26/1996**

4. FEI Number

**59-3410840-59-3412508**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 539-B Harmon Ave**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

City & State

City & State

**23 PANAMA CITY, FL**

**28**

Zip

Country

Zip

Country

**24 32401**

**25**

**Bay**

**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

**William B. Simmons**

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

**5019 EAST 9th STREET**

83

84 City

**Panama City**

**FL**

85 Zip Code

**32404**

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

**1/5/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHANNON, PATRICIA	
STREET ADDRESS	612 EAST 8TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, DRUCIE	
STREET ADDRESS	1137 EAST 15TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, TIM	
STREET ADDRESS	6318 BABBY LANE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, ROSE	
STREET ADDRESS	308 WEST 26TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	BUTLER, ROSE	
STREET ADDRESS	308 WEST 26TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William B. Simmons	
1.3 STREET ADDRESS	5019 EAST 9th STREET	
1.4 CITY-ST-ZIP	PANAMA CITY, FL 32404	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DOROTHY J. GIVENS	
2.3 STREET ADDRESS	1615 Friendship Ave	
2.4 CITY-ST-ZIP	PANAMA CITY, FL 32405	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIANA T. PARKER	
3.3 STREET ADDRESS	2100 Sutherland Rd	
3.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael Peterson	
4.3 STREET ADDRESS	1120 N. Palo Alto Ave	
4.4 CITY-ST-ZIP	PANAMA CITY, FL 32401	
5.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARVIN PORTER	
5.3 STREET ADDRESS	928 So. Kimbrel Ave	
5.4 CITY-ST-ZIP	PANAMA CITY, FL 32404	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Donice L. Lucas	
6.3 STREET ADDRESS	1723 Illinois Ave	
6.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	

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.

SIGNATURE:

**REQUIRED**

**1/5/97**

**850/870-0739**

CR2E037 (10/97)