

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N33367** (6)

1. Corporation Name

**BAY AREA JAPANESE AMERICAN SOCIETY, INC.**



Principal Place of Business

Mailing Address

BOX 40594  
ST PETERSBURG FL 33743

BOX 40594  
ST PETERSBURG FL 33743

3. Date Incorporated or Qualified  
**07/24/1989**

3a. Date of Last Report  
**01/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **6444 31st Terr No.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **St. Petersburg, FL**

28

Zip

Country

Zip

Country

24 **33710**

25 **Pinellas**

29

30

4. FEI Number  
**59-2960081**

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

**YATES, GERALD B.  
6444 31ST TERRACE NORTH  
ST PETERSBURG FL 33710**

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 signatures required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>YATES, GERALD B</b>	
STREET ADDRESS	<b>6444 31ST TERRACE NORTH</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>LYONS, KUNIKO</b>	
STREET ADDRESS	<b>11945 108 AVE NORTH</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIMM, CATHY</b>	
STREET ADDRESS	<b>12111 75 STREET, NORTH</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BENEDICT, CHIE</b>	
STREET ADDRESS	<b>7440 HOBSON ST NE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	
TITLE	<b>AVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STANCIK, IRENE</b>	
STREET ADDRESS	<b>11485 OAKHURST ROAD, BLDG. 200, APT 106</b>	
CITY-ST-ZIP	<b>LARGO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>Burkhardt Hufnagel</b>
63 STREET ADDRESS	<b>8553 Mockingbird Lane</b>
64 CITY-ST-ZIP	<b>Seminole, FL 34640</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Gerald B. Yates,** *Gerald B. Yates*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-96** **813-527-8530**  
Date Daytime Phone #

CR2E037 (12/95)