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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

8444 31ST TERR N
ST PETERSBURG FL 33710
US

BOX 40594
ST PETERSBURG FL 33743

3. Date Incorporated or Qualified
07/24/1989

4. FEI Number
59-2960081

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

YATES, GERALD B.
8444 31ST TERRACE NORTH
ST PETERSBURG FL 33710

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	YATES, GERALD B	1.2 NAME	
STREET ADDRESS	8444 31ST TERRACE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYONS, KUNIKO	2.2 NAME	Fumiko Dead Kuniko Lyons
STREET ADDRESS	11945 108 AVE NORTH	2.3 STREET ADDRESS	11945 108 Ave NO
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	Largo FL
TITLE	DS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMM, CATHY	3.2 NAME	Cathy Grimm
STREET ADDRESS	12111 75 STREET, NORTH	3.3 STREET ADDRESS	6444 31 Terr No
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	St. Petersburg FL 33710
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUFNAGEL, BURKHARDI	4.2 NAME	Chief Fumiko Dead
STREET ADDRESS	8533 MOCKINGBIRD LANE	4.3 STREET ADDRESS	7685 Harbor View Way NO
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	Seminole FL 33776
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Cathy Grimm CATHY GRIMM 1-21-98 813-527-8530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052331

CR2E037 (10/97)