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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N51339 DOCUMENT #
1. Corporation Name

(2)

BAY AREA CONTINUITY OF CARE ASSOCIATION, INC.

3 6 6 5 AST BAY Deve 26 36 6 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 Suite 204-272 City & State City & State 23 LARGO FL 24 Country 34441 25 USA 29 34441 9. Name and Address of Current Registered Agent PARRI, RAYMOND L. 1217 PONCE DE LEON BLVD. CLEARWATER FL 34616-1285	pplied For ot Applicable Additional lequired May Be to Fees 199.032, Code Code
CLEARWATER FL 34618-8258 CLEARWATER FL 34618-8258 3. Date Incorporated or Qualified 10/19/1992 3. Date Incorporated or Qualified 10/19/1992 3. Date of Last F 03/27/19 2. Principal Place of Business 2. 2a. Mailing Address 59-3153650 Suite, Apt. #, etc. 59-3153650 Suite, Apt. #, e	pplied For ot Applicable Additional lequired by May Be to Fees 199.032, Code gistered office agent. I am
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21 3 6 5 2 45T BAY Delive 26 3 6 15 6 15 BAY Delive 59-3153650 N Suite, Apt. #, etc. 22 Suite 204- 272 27 Suite 204- 272 5. Certificate of Status Desired \$8.75 Fee R City & State City & State City & State Country 28 Country 28 Country 29 346 41 25 USA 29 346 41 30 USA Florida Statutes Park Incidence of Status Country 29 Suite 41 30 USA Florida Statutes Park Incidence of Status Country 29 Suite 41 30 USA Florida Statutes Park Incidence of Status Country 29 Suite 41 30 USA Florida Statutes Park Incidence of Suite 50 Suite 41 30 USA Florida Statutes Park Incidence of Suite 50 Suite 41 30 USA Florida Statutes Park Incidence of Suite 50 Suite 5	ot Applicable Additional lequired May Be to Fees 199.032, Code Gistered office agent. am
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22 SUITE 204-372 27 SUITE 204-312 6. Election Campaign Financing Trust Fund Contribution Added Address of Current Registered Agent 7: Trust Fund Contribution 7: Added 7: Trust Fund Contribution 8: Trust Fund Contribution 9: Added 7: Trust Fund Contribution 9: Trus	May Be to Fees 199.032, Code Code gistered office agent. I am
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Zip Country Zip Country Zip Country Zip Country Strict Correction has liability for intengible tax under s. Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name	Code Gistered office agent. am
9. Name and Address of Current Registered Agent PARRI, RAYMOND L. 1217 PONCE DE LEON BLVD. CLEARWATER FL 34616-1285 81 City FL 85 City FL 85 Zip 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 re 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or profiled name of registered agent and the lifetic large have NOTE Registered Signature registed when renistating: DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS TITLE PD HUDSON, PATRICIA L STREET ADDRESS 740 OAK WOOD ORIVE 740 OAK WOOD ORIVE	Code gistered office agent. I am
9. Name and Address of Current Registered Agent PARRI, RAYMOND L. 1217 PONCE DE LEON BLVD. CLEARWATER FL 34616-1285 82 Street Address (P.O. Box Number is Not Acceptable) 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 re 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 in amiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent end the it applies above. NOTE: Registered Agent (NOTE: Registered Agent address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip 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 re 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 in amiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent end the it applies above. NOTE: Registered Agent (NOTE: Reg	gistered office agent. I am
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	1
TITLE VD DELETE 21 TITLE Change	☐ Addition
NAME ROGERS, CAROL 22 NAME	_
STREET ADDRESS 669 20TH ST. S.W. 23 STREET ADDRESS	
City-St-ZiP LARGO FL 34640 2 4 City-St-ZiP	l
TITLE STD DELETE 31 TITLE Change	Addition
NAME PEENO, BARBARA 32 NAME	l
STREET ADDRESS 5652 31ST AVE. N. 33 STREET ADDRESS	l
CITY-ST-ZIP ST. PETERSBURG FL 33710 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE Change	☐ Addition
NAME 4. 2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-S1-ZIP 44 GITY-S1-ZIP	
TIFLE DELETE 5+TIFLE Change	☐ Addition
NAME 52 NAME	
STREET ADDRESS 53 STREET ADDRESS	
CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 61 TITLE Change	Addition
	☐ Vocation
NAME 62 NAME	
STREET ADDRESS 6.3 STREET ADDRESS C. C	
CITY-S1-ZIP 6 4 CITY-S1-ZIP 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 Statuti	es. 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 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 tha appears in Block 12 or Block 13 if changed, or on an attachment with an address.	made under

SIGNATURE:

Patricia & Hudson
TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

031396 813 7381030 Date Dayline Phone #