

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51339

FILED
Apr 27, 2004
Secretary of State

Entity Name: BAY AREA CONTINUITY OF CARE ASSOCIATION, INC.

Current Principal Place of Business:

4304 MARINE PARKWAY
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 532
DUNEDIN, FL 34697 US

New Mailing Address:

FEI Number: 59-3153650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARRI, RAYMOND L.
1217 PONCE DE LEON BLVD.
CLEARWATER, FL 346161285 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUDSON-SOMMERS, PATRICIA L
Address: 4304 MARINE PARKWAY
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VD () Delete
Name: EVERT, GLORIA
Address: 8980 49TH ST N
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: SD () Delete
Name: WHITE, JAN
Address: 6017 18TH ST NE
City-St-Zip: T. PETERSBURG, FL 33703 US

Title: TD () Delete
Name: WHITE, JAN
Address: 6017 18TH ST NE
City-St-Zip: SAINT PETERSBURG, FL 33703 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: GAUDREAU, CHARLES JR
Address: 1319 BUCKINGHAM DRIVE
City-St-Zip: CLEARWATER, FL 33756 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA HUDSON-SOMMERS

PD

04/27/2004

Electronic Signature of Signing Officer or Director

Date