

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000004462

**Entity Name:** BAY AREA FAMILY SERVICES INC

**Current Principal Place of Business:**

5901 BENJAMIN CENTER DR  
SUITE 105  
TAMPA, FL 33634

**Current Mailing Address:**

5901 BENJAMIN CENTER DR  
SUITE 105  
TAMPA, FL 33634 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, BRIAN D  
8710 WEST HILLSBOROUGH AVE  
APT 261  
TAMPA, FL 33615 US

*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

**Officer/Director Detail :**

Title P  
Name SMITH, BRIAN D  
Address 8710 WEST HILLSBOROUGH AVE APT  
261  
City-State-Zip: TAMPA FL 33615

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRIAN D SMITH

**PRESIDENT**

**04/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date