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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 712389 (6)

1. Corporation Name
BAY AREA LEGAL SERVICES, INC.

Principal Place of Business	Mailing Address
700 TWIGGS ST STE 800 TAMPA FL 33602	700 TWIGGS ST STE 800 TAMPA FL 33602-4079

3. Date Incorporated or Qualified: 03/10/1967
3a. Date of Last Report: 03/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-1171886 ☐ 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

WOLTMANN, RICHARD C.
700 TWIGGS ST #800
TAMPA FL 33602

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, type 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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BUSANSKY, SHELDON		1.2 NAME	
STREET ADDRESS	3611 SCHEFFLERA ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618		1.4 CITY-ST-ZIP	
TITLE	PED	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BEDKE, MICHAEL		2.2 NAME	
STREET ADDRESS	101 E. KENNEDY BLVD, SUITE 2000		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCLEROY, KATHLEEN		3.2 NAME	
STREET ADDRESS	~~P.O. BOX 3239~~ 777 S. HARBOUR ISLAND BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, BETTY		4.2 NAME	
STREET ADDRESS	4421 LANE RD., LOT 242		4.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRILLS FL		4.4 CITY-ST-ZIP	
TITLE	ED	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WOLTMANN, RICHARD C		5.2 NAME	
STREET ADDRESS	4129 N MEADOW CIRCLE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: Mel Miller Mel Miller 1-6-97 (813) 622-6657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046991