FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 20 1998 8:00am
Secretary of State

DOCUMENT # 712389 (6)

1. Corporation Name

BAY AREA LEGAL SERVICES, INC.

Principal Place of Business	Mailing Address
RIVERBROOK PROFESSIONAL CENTER, 2ND FLOOR 829 W. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33603-3331	RIVERBROOK PROFESSIONAL CENTER, 2ND FLOOR 829 W. MARTIN LUTHER KING JR. BLVD. TAMPA FL 33603-3331

3. Date Incorporated or Qualified: 03/10/1967

4. FEI Number: 59-1171886 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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, 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	PD	☐ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	BUSANSKY, SHELDON		1.2 NAME	Bedke, Michael	
STREET ADDRESS	3611 SCHEFFLERA ROAD		1.3 STREET ADDRESS	101 E. Kennedy Blvd.#2000	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, Fla.	
TITLE	PED	☐ DELETE	2.1 TITLE	President Elect	☒ Change ☐ Addition
NAME	BEDKE, MICHAEL		2.2 NAME	Kathleen Mcleroy	
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 2000		2.3 STREET ADDRESS	777 S. Harbor Island Blvd.	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, Fla.	
TITLE	TD	☐ DELETE	3.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	MCLEROY, KATHLEEN		3.2 NAME	Busansky, Sheldon	
STREET ADDRESS	777 S. HARBOR ISLAND BLVD.		3.3 STREET ADDRESS	3611 Schefflera Road	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, Fla.	
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 (10/97)

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: MICHAEL REMENTMILLER 1/16/98 (813) 622-6657