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FILED
Feb 22, 1999 8:00 am
Secretary of State

BAY AREA LEGAL SERVICES, INC., BOARD OF

02-22-1999 90149 045 ****61.25

CYNTHIA DAVIS-GRYCE
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Port Richey, FL 34668
868-8745 WK# 562-4883

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KATHLEEN S. MCLEROY, ESQUIRE
Carlton, Fields, Ward, Emmanuel,
Smith & Cutler, P.A.
P.O. Box 3239
Tampa, FL 33601
(813) 223-7000
President

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11115 N. Nebraska, #A-211
Tampa, FL 33612
971-7109

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788-6240
Secretary

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State Attorney's Office
800 E. Kennedy Blvd.
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272-5400, Fax: 274-1976

SHELDON BUSANSKY, ESQUIRE
3611 Schefflera Road
Tampa, FL 33618
935-2312 USF: 974-2090
Treasurer

J. STEPHEN DORAN, ESQUIRE
Law Offices of J. Stephen Doran
6310 Congress Street
New Port Richey, FL 34653
(813) 844-7914 Fax: 817-0998

EDWARD M. WALLER, ESQUIRE
Fowler, White...
P.O. Box 1438
Tampa, FL 33601-1438
228-7411 Fax: 229-8313
President-Elect

CORA LEE BENNETT
37824 Martin Luther King Blvd.
Dade City, FL 33525
(352) 567-2658 Home

CHEYLENE JOHNSON
1728 W. Cherry Street
Tampa, FL 33607
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(813) 251-2407 Work

FILE NOW: FILING FEE IS \$61.25

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0065596

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712389

1. Corporation Name

BAY AREA LEGAL SERVICES, INC.

Principal Place of Business

RIVERBROOK PROFESSIONAL CENTER, 2ND FLOOR
829 W. MARTIN LUTHER KING JR. BLVD.
TAMPA FL 33603-3331

Mailing Address

RIVERBROOK PROFESSIONAL CENTER, 2ND FLOOR
829 W. MARTIN LUTHER KING JR. BLVD.
TAMPA FL 33603-3331



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/10/1967
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1171886
24 Country	30 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	RICHARD C. WOLTMANN
82 Street Address (P.O. Box Number is Not Acceptable)	829 W. MARTIN LUTHER KING JR. BLVD
83	2ND FLOOR
84 City	TAMPA
85 Zip Code	FL 33603-3331

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	MCLEROY, KATHLEEN
STREET ADDRESS	3611 SCHEFFLERA ROAD	1.3 STREET ADDRESS	P.O. Box 3239
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL
TITLE	PED ☐ DELETE	2.1 TITLE	President-Elect ☒ Change ☐ Addition
NAME	BEDKE, MICHAEL	2.2 NAME	WALLER, EDWARD M.
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 2000	2.3 STREET ADDRESS	P.O. Box 1438
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, FL
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, FL
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	

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, with all other like empowered.

SIGNATURE:

Mel Miller **REQUIRED** MEL MILLER

1/4/99

(813) 622-6657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)