FILED
Apr 27, 2005 8:00 am
Secretary of State
04-27-2005 90341 014 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 712389

1. Entity Name
BAY AREA LEGAL SERVICES, INC.

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

04012005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOLTMANN, RICHARD C. 829 W. MARTIN LUTHER KING JR. BLVD. 2ND FLOOR TAMPA, FL 33603-3331	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MATHEWS, MARGARET P.O. BOX 3273 TAMPA, FL 336013273	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gramling, George F III PO Box 1991 ~~Tampa, Fl. 33601~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE CLENDINEN, CRAIG 625 E TWIGGS ST., #100 TAMPA, FL 33602	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PE Waller, Edward PO Box 1438 Tampa, Fl. 33601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRAMLING, GEORGE F III P.O. BOX 1991 TAMPA, FL 336011991	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T McLeroy, Kathleen S. PO Box 3239 Tampa, Fl 33601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TAYLOR, CERESE 2002 N. LOIS AVENUE, 7TH FLOOR TAMPA, FL 33607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED WOLTMANN, RICHARD C 829 W. DR. MLK BLVD., 2ND FLOOR TAMPA, FL 33603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard C. Woltmann Executive Director 4/11/05 232-1222 - ext. 137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #