


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2007 8:00 am**  
**Secretary of State**

04-03-2007 90014 028 \*\*\*\*61.25

<b>DOCUMENT # 712389</b>	
1. Entity Name <b>BAY AREA LEGAL SERVICES, INC.</b>	

Principal Place of Business <b>RIVERBROOK PROFESSIONAL CTR 2ND FL 829 W. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33603-3331</b>	Mailing Address <b>RIVERBROOK PROFESSIONAL CTR 2ND FL 829 W. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33603-3331</b>
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**40049073**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03202007 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number <b>59-1171886</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>
<b>WOLTMANN, RICHARD C. 829 W. MARTIN LUTHER KING JR. BLVD. 2ND FLOOR TAMPA, FL 33603-3331</b>

<b>7. Name and Address of New Registered Agent</b>
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOCH, KATHLEEN <input checked="" type="checkbox"/> Delete P.O. BOX 31590 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALLER, EDWARD <input type="checkbox"/> Delete P.O. BOX 1438 TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE MCLEROY, KATHLEEN S <input type="checkbox"/> Delete P.O. BOX 3239 TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, CERSE <input checked="" type="checkbox"/> Delete 3507 FRONTAGE RD. STE 200 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED WOLTMANN, RICHARD C <input type="checkbox"/> Delete 829 W. DR. MLK BLVD., 2ND FLOOR TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, CERSE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3507 E.FRONTAGE RD STE 200 TAMPA, FL. 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOCH, KATHLEEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 31590 TAMPA, FL. 33631
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. Woltman **Richard C. Woltman** 3/29/07 232-1232 ext. 137  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #