

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766591** (2)

1. Corporation Name

BUSINESS ASSISTANCE COUNCIL, INC.

Principal Place of Business

Mailing Address

% RAMES H. PAREKH
2700 E. BAY DR., #107
LARGO FL 33771
US

% BAC PRESIDENT
P.O. BOX 703
CLEARWATER FL 34617
US



3. Date incorporated or Qualified

01/18/1983

4. FEI Number

59-2256978

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**

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

2. Principal Place of Business
21 **470 Jacqueline D. Smith**
Suite, Apt. #, etc.
22 **1479 S. Belcher Rd Ste C**
City & State
23 **Largo, FL**
Zip
24 **33771** Country
25 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAREKH, RAMESH
2700 EAST BAY DRIVE
SUITE 107
LARGO FL 33771

81 Name **Jacqueline D. Smith**
82 Street Address (P.O. Box Number is Not Acceptable)
1479 S. Belcher Rd Ste C.
83
84 City **Largo** FL 85 Zip Code **33771**

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 **Jacqueline D. Smith**

2/2/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	MURPHY, KELLY	
STREET ADDRESS	13755 U.S. 19 N.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	EPSTEIN, HANK	
STREET ADDRESS	1844 N. BELCHER RD., #1019	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAUCK, ROBERT	
STREET ADDRESS	8611 SPARTAN CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PAREKH, RAMESH	
STREET ADDRESS	2700 E. BAY DR., #107	
CITY-ST-ZIP	LARGO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JACQUELINE	
STREET ADDRESS	5401 W. KENNEDY BLVD., STE 171	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHULMAN, DENNIS	
STREET ADDRESS	9591 128TH TERRACE N.	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jacqueline D. Smith	
4.3 STREET ADDRESS	1479 S. Belcher Rd Ste C	
4.4 CITY-ST-ZIP	Largo, FL 33771	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert Clark	
5.3 STREET ADDRESS	1002 Grove St.	
5.4 CITY-ST-ZIP	Clearwater, FL 33755	
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Linda Doyle	
6.3 STREET ADDRESS	3025 Glen oak Ave	
6.4 CITY-ST-ZIP	Clearwater, FL 33759	

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: **Jacqueline D. Smith**

2/2/98

(813) 536-5567

CR2E037 (10/97)