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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766591

1. Corporation Name

BUSINESS ASSISTANCE COUNCIL, INC.

Principal Place of Business

Mailing Address

C/O JACQUELINE D SMITH  
1479 S BELCHER RD STE C  
LARGO FL 33771  
88

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 2515 CANTYSIDE BLV.

26

01/18/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 B

27

59-2256978

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 CLEARWATER, FL

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33763

25

USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, JACQUELINE D  
1479 S BELCHER RD  
STE C  
LARGO FL 33771

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VP	MURPHY, KELLY	13755 U.S. 19 N.	CLEARWATER FL	<input type="checkbox"/>
P	EPSTEIN, HANK	1844 N. BELCHER RD., #1019	CLEARWATER FL	<input type="checkbox"/>
D	HAUCK, ROBERT	8611 SPARTAN CT	TAMPA FL	<input type="checkbox"/>
T	SMITH, JACQUELINE D	1479 S BELCHER RD STE C	LARGO FL 33771	<input checked="" type="checkbox"/>
D	CLARK, ROBERT	1002 GROVE ST	CLEARWATER FL 33755	<input type="checkbox"/>
D	DOYLE, LINDA	3025 GLEN OAK AVE	CLEARWATER FL 33759	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
T	RAYMOND P. MACK, JR	2515 CANTYSIDE BLVD.	CLEARWATER FL 33763	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
D	JACQUELINE D. SMITH	1479 S. BELCHER ROAD, STE C	LARGO, FL 33771	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-99

727-535-1427

CR2E037 (11/98)