

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000008485	
1. Entity Name BAY AREA WOMEN PROFESSIONALS, INC.	
Principal Place of Business P.O. BOX 25132 TAMPA, FL 33622-5132	Mailing Address P.O. BOX 25132 TAMPA, FL 33622-5132



DO NOT WRITE IN THIS SPACE

04152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 20-0238074	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VIRTUALCHERUB.COM, INC 487 EDMUND COURT DOVER, FL 33527-4020	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

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 Debra Gladstone DATE 4/21/04

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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000132525 04/27/04-80051-005 70.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GLADSTONE, DEBRA 2624 W. GRAND RESERVE CIR CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD HESTERMAN, CINDY 506 HUMPHRIES RD SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S JOLLIE, ROBIN 4827 EDMUND COURT DOVER, FL 335274020
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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: Debra Gladstone DATE 4/21/04 813-659-9776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR