

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008485

FILED
Apr 21, 2005
Secretary of State

Entity Name: BAY AREA WOMEN PROFESSIONALS, INC.

Current Principal Place of Business:

P.O.BOX 25132
TAMPA, FL 336225132

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 25132
TAMPA, FL 336225132

New Mailing Address:

FEI Number: 20-0238074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIRTUALCHERUB.COM,INC
487 EDMUND COURT
DOVER, FL 335274020 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GLADSTONE, DEBRA
Address: 2624 W.GRAND RESERVE CIR
City-St-Zip: CLEARWATER, FL 33759

Title: VPD () Delete
Name: HESTERMAN, CINDY
Address: 506 HUMPHRIES RD
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S () Delete
Name: JOLLIE, ROBIN
Address: 4827 EDMUND COURT
City-St-Zip: DOVER, FL 335274020

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RICHTER, ROBIN
Address: 4827 EDMUND COURT
City-St-Zip: DOVER, FL 335274020

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: OWEN, SUSAN
Address: 728 DOWNS AVENUE
City-St-Zip: TEMPLE TERRACE, FL 336174258

Title: TD () Change (X) Addition
Name: GLADSTONE, DEBRA
Address: 11620 TROPICAL ISLE LANE
City-St-Zip: RIVERVIEW, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN OWEN

S

04/21/2005

Electronic Signature of Signing Officer or Director

Date