FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:04

DOCUMENT # N01261 (9)

1. Corporation Name
BUSTING ATTITUDE BARRIERS THRU INVOLVEMENT, INC.

Principal Place of Business	Mailing Address
12933 81ST AVE., N. SEMINOLE FL 34646 US	12933 81ST AVE., N. SEMINOLE FL 34646 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1984
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2391046 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 12933 - 81 AVE N
22 Suite, Apt. #, etc.:
23 City & State: SEMINOLE, FL
24 Zip: 34646
25 Country: PINELLAS

2a. Mailing Address
26: 12933 81 AVE, N
27 Suite, Apt. #, etc.:
28 City & State: SEMINOLE FL
29 Zip: 34646
30 Country: PINELLAS

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DANGLER, HAROLD F.
12933 - 81ST AVE. N.
SEMINOLE FL

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DANGLER, HAROLD F.	1.2 NAME	
STREET ADDRESS	12933 - 81ST AVE., N	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	FAAS, PHIL	2.2 NAME	
STREET ADDRESS	3226 BAYOU PLACIDO BL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	COOK, JOAN	3.2 NAME	
STREET ADDRESS	10792 64TH AVENUE N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	DANGLER, DORIS	4.2 NAME	
STREET ADDRESS	12933 - 81ST AVE. N	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	CARR, GILES	5.2 NAME	
STREET ADDRESS	11815 - 88TH AVE., NO.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	COOK, THOMAS	6.2 NAME	
STREET ADDRESS	10792 64TH AVENUE N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Harold F. Dangler HAROLD F. DANGLER 1-13-95 813-392-0448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0067206