

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000008412

1. Entity Name
BAY AREA BUSINESS ALLIANCE, INC.



Principal Place of Business
2435 CENTRAL AVENUE
ST. PETERSBURG, FL 33713

Mailing Address
2435 CENTRAL AVENUE
ST. PETERSBURG, FL 33713



01192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FIORINI, DT
2435 CENTRAL AVENUE
ST. PETERSBURG, FL 33713

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME FIORINI, DT
STREET ADDRESS 2435 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE D
NAME PERKINS, DAVID
STREET ADDRESS 2414 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE D
NAME ASH, ROBIN
STREET ADDRESS 2414 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE D
NAME FEIST, BRIAN
STREET ADDRESS 2429 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE D
NAME LOVETT, CHRISTINE
STREET ADDRESS 2435 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE D
NAME LABERGE, SUZANNE
STREET ADDRESS 2719 FIRST AV N
CITY-ST-ZIP ST. PETERSBURG, FL 33713

U00000283845
04/01/05-80042-022 61.25

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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)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/2005 727-327-2388
Date Daytime Phone #