

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90137 010 ****70.00

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1. Entity Name
**BAY AREA COMMUNITY ECONOMIC DEVELOPMENT
CORPORATION, INC.**



Principal Place of Business
**3012 RIPPLEWOOD DR
SEFFNER, FL 33584**

Mailing Address
**3012 RIPPLEWOOD DR
SEFFNER, FL 33584**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



04292005

Chg-NP

CR2E037 (10/03)

4. FEI Number

01-0811856

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOWDEN, JOHN A SR
3012 RIPPLEWOOD DR
SEFFNER, FL 33584**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BOWDEN, JOHN A SR ☐ Delete
STREET ADDRESS 3012 RIPPLEWOOD DR
CITY-ST-ZIP SEFFNER, FL 33584

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **RUBIN ALEXANDER**
STREET ADDRESS **230 DEER COVE LANE**
CITY-ST-ZIP **LUTZ, FL 33549**

TITLE SD
NAME PARAMOURE, RONDA D ☐ Delete
STREET ADDRESS 714 CALIENTE DR
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME ROBINSON, ZEKE ☐ Delete
STREET ADDRESS 8604 N 15TH ST
CITY-ST-ZIP TAMPA, FL 33674

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MILES, H. BRUCE ☐ Delete
STREET ADDRESS 4311 GAINESBOROUGH CT
CITY-ST-ZIP TAMPA, FL 33624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME DENNIS, WILLIE J JR ☐ Delete
STREET ADDRESS 2216 ALDER WAY
CITY-ST-ZIP BRANDON, FL 33510

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CONLEY, WENDY ☐ Delete
STREET ADDRESS 8578 GUNN HWY
CITY-ST-ZIP ODESSA, FL 33556

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *John A. Bowden Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05

Date

813-681-8322

Daytime Phone #