

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004060

FILED  
Mar 02, 2007  
Secretary of State

**Entity Name:** BAY AREA ARTS & MUSIC ORGANIZATION, INC.

**Current Principal Place of Business:**

1432 DR M L. KING JR. ST N  
ST PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

1432 DR M L. KING JR. ST N  
ST PETERSBURG, FL 33704

**New Mailing Address:**

**FEI Number:** 68-0605521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEANE, LAURA  
1432 DR M L. KING JR. ST N  
ST PETERSBURG, FL 33704 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: DP ( ) Delete  
Name: COURTNEY, LEE  
Address: 6206 S FOSTER AVE  
City-St-Zip: TAMPA, FL 33611

Title: DS ( ) Delete  
Name: HOLLOWELL, JENNIFER  
Address: 4612 E NAVAJO AVE  
City-St-Zip: TAMPA, FL 33617

Title: DT ( ) Delete  
Name: KEANE, LAURA  
Address: 1432 DR M L. KING JR. ST N  
City-St-Zip: ST PETERSBURG, FL 33704

Title: DV ( ) Delete  
Name: WHITE, TOM  
Address: 910 SKIPPER RD  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LAURA KEANE

TREA

03/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date