2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# N05000004060

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 (X) 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 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: LAUA KEANE TREA 01/09/2008
Electronic Signature of Signing Officer or Director — Date