2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2008
Secretary of State

DOCUMENT# N06000002300

Entity Name: BAY AREA CHARTER LEADERSHIP COUNCIL, INC

Current Principal Place of Business:

16215 HANNA ROAD
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

16215 HANNA ROAD
LUTZ, FL 33549

New Mailing Address:

FEI Number: 20-4363473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEARNING GATE COMMUNITY SCHOOL INC
16215 HANNA ROAD
LUTZ, FL 33549 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: P ( ) Delete
Name: HOCEVAR, GARY
Address: 4801 E. FOWLER AVENUE
City-St-Zip: TAMPA, FL 33617

Title: VP ( ) Delete
Name: EDWARDS, CAMETRA
Address: 8718 N. 46TH STREET
City-St-Zip: TAMPA, FL 33617

Title: SEC ( ) Delete
Name: THOMLEY, SHEILA
Address: 5429 BEAUMONT CIRCLE
City-St-Zip: TAMPA, FL 33634

Title: TRES ( ) Delete
Name: GIRARD, PATTI
Address: 12207 NOREAST LAKE DRIVE
City-St-Zip: TAMPA, FL 33612

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: GARY HOCEVAR P 08/11/2008

Electronic Signature of Signing Officer or Director — Date