

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000002300

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**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 ( )**

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

LEARNING GATE COMMUNITY SCHOOL  
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  
**Name:** HOCEVAR, GARY  
**Address:** 11734 JEFFERSON ROAD  
**City-St-Zip:** THONOTOSASSA, FL 33592

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

**Title:** SEC  
**Name:** WALTON, TANIKA  
**Address:** 4817 N. FLORIDA AVENUE  
**City-St-Zip:** TAMPA, FL 33612

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

I hereby 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 all other like empowered.

**SIGNATURE:** PATTI GIRARD

TRES

01/21/2010

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

\_\_\_\_\_  
Date