

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009694

FILED  
Jul 04, 2008  
Secretary of State

Entity Name: THE BAY AREA ACADEMY, INC.

**Current Principal Place of Business:**

4905 34TH STREET SOUTH SUITE 199  
ST. PETERSBURG, FL 33711

**New Principal Place of Business:**

**Current Mailing Address:**

4905 34TH STREET SOUTH SUITE 199  
ST. PETERSBURG, FL 33711

**New Mailing Address:**

FEI Number: 20-5758806      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:**

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

MCCOY, BRIDGET S  
4905 34TH STREET SOUTH SUITE 199  
ST. PETERSBURG, FL 33711      US

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: D      ( ) Delete  
Name: MCCOY, BRIDGET S  
Address: 920 25TH STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D      (X) Delete  
Name: PERRY, VIRGINA  
Address: 661 53RD AVENUE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33705

Title: D      (X) Delete  
Name: WILSON, LISA  
Address: 5925 25TH STREET SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D      (X) Delete  
Name: THOMPSON, JENNIFER  
Address: 1026 BAY STREET NE APT. #3  
City-St-Zip: ST. PETERSBURG, FL 33701

Title: D      ( ) Delete  
Name: JOHNSON, LAURA  
Address: 11780 SAREE COURT  
City-St-Zip: SEMINOLE, FL 33778

**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:

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: BRIDGET S. MCCOY

D

07/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date