## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000009694

Entity Name: THE BAY AREA ACADEMY, INC.

FILED May 09, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4905 34TH STREET SOUTH SUITE 199 4905 34TH STREET SOUTH

ST. PETERSBURG, FL 33711 SUITE 199

ST. PETERSBURG, FL 33711

Current Mailing Address: New Mailing Address:

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

ST. PETERSBURG, FL 33711

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

MCCOY, BRIDGET S
4905 34TH STREET SOUTH
SUITE 199

T. PETERSBURG, FL 33711 US 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: 05/09/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MCCOY, BRIDGET S
 Name:

 Address:
 920 25TH STREET NORTH
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33713
 City-St-Zip:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JOHNSON, LAÚRA
 Name:

 Address:
 11780 SAREE COURT
 Address:

 City-St-Zip:
 SEMINOLE, FL 33778
 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 05/09/2009