

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010832

FILED
Aug 27, 2008
Secretary of State

Entity Name: BAY AREA COALITION, INC.

Current Principal Place of Business:

11147 NORMANDY CIRCLE
#4
TAMPA, FL 33617 US

New Principal Place of Business:

4815 BRISTOL BAY WAY
203
TAMPA, FL 33619 US

Current Mailing Address:

P.O BOX 17465
TAMPA, FL 33682

New Mailing Address:

FEI Number: 26-1513033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

ALLEN, LORI L
11147 NORMANDY CIRCLE
4
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

BENT, NEDDROY E
4815 BRISTOL BAY WAY
203
TAMPA, FL 33619 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: NEDDROY BENT

08/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALLS, ANTONIO L
Address: P.O. BOX 17465
City-St-Zip: TAMPA, FL 33682

Title: VP () Delete
Name: BENT, NEDDROY E
Address: P.O. BOX 17465
City-St-Zip: TAMPA, FL 33682 US

Title: SEC () Delete
Name: ALLEN, LORI L
Address: 11147 NORMANDY CIRCLE
City-St-Zip: #4, FL 33617 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BENT, NEDDROY E
Address: P.O. BOX 17465
City-St-Zip: TAMPA, FL 33682

Title: VP (X) Change () Addition
Name: ALLS, ANTONIO L
Address: P.O. BOX 17465
City-St-Zip: TAMPA, FL 33682 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: HOLDER, KIA
Address: PO BOX 47153
City-St-Zip: TAMPA, FL 33647

Title: C () Change (X) Addition
Name: HERRING, RASHAAD
Address: 13141 THOMASVILLE CIRCLE
City-St-Zip: TAMPA, FL 33617

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: NEDDROY BENT

P

08/27/2008

Electronic Signature of Signing Officer or Director

Date