

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13759

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** BAYCARE EMERGENCY ASSISTANCE PROGRAM, INC.

**Current Principal Place of Business:**

16255 BAY VISTA DRIVE  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

16255 BAY VISTA DRIVE  
CLEARWATER, FL 33760

**New Mailing Address:**

**FEI Number:** 59-2697770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARQUARDT, EMIL C JR  
625 COURT STREET, 2ND FLOOR  
CLEARWATER, FL 33756 US

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

THOMAS, INZINA P  
16255 BAY VISTA DRIVE  
CLEARWATER, FL 3376- 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: TOMMY INZINA

04/28/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRETHAUER, CRAIG  
Address: 16255 BAY VISTA DRIVE  
City-St-Zip: CLEARWATER, FL 33760

Title: VPD ( ) Delete  
Name: POLO, JANICE  
Address: 16255 BAY VISTA DRIVE  
City-St-Zip: CLEARWATER, FL 33760

Title: SD ( ) Delete  
Name: BILCHAK, LANA K  
Address: 16255 BAY VISTA DRIVE  
City-St-Zip: CLEARWATER, FL 33760

Title: AS ( ) Delete  
Name: MARQUARDT, EMIL C JR.  
Address: 625 COURT STREET, 2ND FLOOR  
City-St-Zip: CLEARWATER, FL 33756

**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: THOMAS INZINA

EVP

04/28/2009

Electronic Signature of Signing Officer or Director

Date