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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33367 (6)

1. Corporation Name

BAY AREA JAPANESE AMERICAN SOCIETY, INC.

Principal Place of Business

BOX 40594
ST PETERSBURG FL 33743

Mailing Address

BOX 40594
ST PETERSBURG FL 33743



3. Date Incorporated or Qualified
07/24/1989

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21 6444 31st Terr No.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
St. Petersburg, FL

28 City & State

24 Zip

Country

Zip

Country

25 33710

26 Pinellas

29

30

4. FEI Number
59-2960081

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YATES, GERALD B.
6444 31ST TERRACE NORTH
ST PETERSBURG FL 33710

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signatures required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE
NAME YATES, GERALD B
STREET ADDRESS 6444 31ST TERRACE NORTH
CITY-ST-ZIP ST PETERSBURG FL

TITLE DV ☐ DELETE
NAME LYONS, KUNIKO
STREET ADDRESS 11945 108 AVE NORTH
CITY-ST-ZIP LARGO FL

TITLE DS ☐ DELETE
NAME GRIMM, CATHY
STREET ADDRESS 12111 75 STREET, NORTH
CITY-ST-ZIP LARGO FL

TITLE T ☒ DELETE
NAME BENEDICT, CHIE
STREET ADDRESS 7440 HOBSON ST NE
CITY-ST-ZIP ST PETERSBURG FL

TITLE AVP ☒ DELETE
NAME STANCIK, IRENE
STREET ADDRESS 11485 OAKHURST ROAD, BLDG. 200, APT 106
CITY-ST-ZIP LARGO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE Treasurer ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE Vice President ☐ Change ☒ Addition
62 NAME Burkhardt, Hufnagel
63 STREET ADDRESS 8553 Mockingbird Lane
64 CITY-ST-ZIP Seminole, FL 33460

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gerald B. Yates,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96

813-527-8530

Date

Daytime Phone

CR2E037 (12/95)