

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48000

FILED  
May 10, 2005  
Secretary of State

**Entity Name:** BAY AREA FOOD COOPERATIVES, INC.

**Current Principal Place of Business:**

123 88TH AVE.  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

123 88TH AVE.  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

**FEI Number:** 59-3112116      **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:**

HORAK, HEIDI  
123 88TH AVE.  
TREASURE ISLAND, FL 33706      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: PD      ( ) Delete  
Name: HORAK, HEIDI  
Address: 123 88TH AVE.  
City-St-Zip: TREASURE ISLAND, FL

Title: STD      ( ) Delete  
Name: BROWNLEY, ROSALIE  
Address: 125 85TH AVE  
City-St-Zip: TREASURE ISLAND, FL

Title: VD      ( ) Delete  
Name: MCGUIRE, PRISCILLA  
Address: 501 E. KENNEDY BLVD.  
City-St-Zip: TAMPA, FL 33602

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: HEIDI HORAK

PD

05/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date