

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 10, 2007
Secretary of State**

DOCUMENT# N48000

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 ()

Name and Address of Current Registered Agent:

HORAK, HEIDI
123 88TH AVE.
TREASURE ISLAND, FL 33706 US

Name and Address of New Registered Agent:

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 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: HEIDI HORAK

PD

02/10/2007

Electronic Signature of Signing Officer or Director

_____ Date