FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

REMITTED BY MAY 1

DOCUMENT # **N51061** **(2)**

1. Corporation Name

BAY AREA BRIDAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
138 LAKESHORE DR. N. PALM HARBOR FL 34684	138 LAKESHORE DR. N. PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1992
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3154314 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *The corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NORWOOD, WILLIAM
138 LAKESHORE DR. N.
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☒ Change ☐ Addition
NAME	VERHAGE, SHARON M	1.2 NAME		
STREET ADDRESS	148 MARINA PLAZA	1.3 STREET ADDRESS	3009 Gulf to Bay Blvd.	
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP	CLEARWATER, FL 34625	
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	WHIFFEN, PAUL	2.2 NAME		
STREET ADDRESS	29990 US HWY 19 N	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	WEST, DAWN	3.2 NAME	PAT DISCIANNO	
STREET ADDRESS	4901 MELROSE AVE	3.3 STREET ADDRESS	715 So. GULFVIEW BLVD	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 34630	
TITLE	T	4.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	IOSA, FRAN	4.2 NAME	TAMMY BOWLES	
STREET ADDRESS	1201 GULF BLVD	4.3 STREET ADDRESS	445 HAMDEN DR.	
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	CLEARWATER, FL 34630	
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	STAPP, LOIS	5.2 NAME		
STREET ADDRESS	1905 DREW ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	DELETE	
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	KLEPACKI, THOMAS L	6.2 NAME		
STREET ADDRESS	2155 NE COACHMAN RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	6.4 CITY-ST-ZIP	DELETE	

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)(i), 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: Tammy Bowles Tammy Bowles 4-24-95 813-442-6123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048701