

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

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PALM HARBOR FL 34684

3. Date Incorporated or Qualified  
09/25/1992

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

30

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

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

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

*William Norwood*  
Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VERHAGE, SHARON M	
STREET ADDRESS	2009 GULF TO BAY BLVD	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WHIFFEN, PAUL	
STREET ADDRESS	28880 US HWY 19 N	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	DISCIANNO, PAT	
STREET ADDRESS	715 SO GULFVIEW BLVD	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BOWLES, TAMMY	
STREET ADDRESS	445 HAMDEN DR	
CITY - ST - ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	PAUL WHIFFEN	
13 STREET ADDRESS	28880 US HWY 19 N	
14 CITY - ST - ZIP	CLEARWATER, FL 34621	
21 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DISCIANNO, PAT	
23 STREET ADDRESS	715 SO GULFVIEW BLVD	
24 CITY - ST - ZIP	CLEARWATER, FL 34630	
31 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	MARK MCKAY	
33 STREET ADDRESS	29166 US HWY 19 N	
34 CITY - ST - ZIP	CLEARWATER, FL 34621	
41 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	CARRIE ALVAREZ	
43 STREET ADDRESS	3019 GULF TO BAY BLVD	
44 CITY - ST - ZIP	CLEARWATER, FL 34625	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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: *Paul Whiffen, President* 4/23/96 813 726-6696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)