

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51061** (2)

1. Corporation Name

**BAY AREA BRIDAL ASSOCIATION, INC.**

Principal Place of Business

**138 LAKESHORE DR. N.  
PALM HARBOR FL 34684**

Mailing Address

**138 LAKESHORE DR. N.  
PALM HARBOR FL 34684-1217**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/25/1992</b>	3a. Date of Last Report <b>04/26/1996</b>
21		26		4. FEI Number <b>59-3154314</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

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 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 line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHIFFEN, PAUL</b>	1.2 NAME	
STREET ADDRESS	<b>28880 US HWY 19 N.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CLEARWATER FL 34621</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DISCIANNO, PAT</b>	2.2 NAME	<b>vice President VP</b>
STREET ADDRESS	<b>715 GULFVIEW BLVD.</b>	2.3 STREET ADDRESS	<b>MARK MC KAY</b>
CITY - ST - ZIP	<b>CLEARWATER FL 34630</b>	2.4 CITY - ST - ZIP	<b>29166 US HWY 19 N</b>
TITLE	<b>DS</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCKAY, MARK</b>	3.2 NAME	<b>SECRETARY DS</b>
STREET ADDRESS	<b>29166 US HWY 19 N</b>	3.3 STREET ADDRESS	<b>DONNA SIEGEL</b>
CITY - ST - ZIP	<b>CLEARWATER FL 34021</b>	3.4 CITY - ST - ZIP	<b>6801 114TH AVE. NO.</b>
TITLE	<b>DT</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ, CARRIE</b>	4.2 NAME	<b>Treasurer DT</b>
STREET ADDRESS	<b>2019 GULF TO BAY BLVD.</b>	4.3 STREET ADDRESS	<b>LAURA HOFFMAN</b>
CITY - ST - ZIP	<b>CLEARWATER FL 34625</b>	4.4 CITY - ST - ZIP	<b>3100 BLUE HERON ST.</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Paul J. Whiffen* **PAUL J. WHIFFEN** 1/17/97 813-726-6696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066767

CP2E037 (9/96)