

FILE NOW: FILING FEE IS \$61.25

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90197 024 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N51061

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



2. Principal Place of Business 21 702 COUNTRY CLUB DR Suite, Apt. #, etc. 22 City & State 23 LARGO FL Zip Country 24 33771 25 USA		2a. Mailing Address 26 P.O. BOX 6945 Suite, Apt. #, etc. 27 City & State 28 CLEARWATER FL Zip Country 29 34618 30 USA		3. Date Incorporated or Qualified 09/25/1992 4. FEI Number 59-3154314 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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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	MIKE JONES
82 Street Address (P.O. Box Number is Not Acceptable)	702 COUNTRY CLUB DRIVE
83	LARGO FL
84 City	FL
85 Zip Code	33771

11. Pursuant to the provisions of Sections 617.0202 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]* **MICHAEL JONES** **2/8/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MICHAEL	1.2 NAME	
STREET ADDRESS	702 COUNTRY CLUB DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33777	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDERMOTT, DEBBIE	2.2 NAME	AL ALVAREZ
STREET ADDRESS	1417 NEBRASKA AVE	2.3 STREET ADDRESS	2019 GULF TO BAY BLVD
CITY-ST-ZIP	PALM HARBOR FL 34683	2.4 CITY-ST-ZIP	CLEARWATER FL 33765
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, MARY	3.2 NAME	DONNA SIEGEL
STREET ADDRESS	1655 SHEFFIELD DR	3.3 STREET ADDRESS	6801 116TH AVE N
CITY-ST-ZIP	CLEARWATER FL 33764	3.4 CITY-ST-ZIP	LARGO FL 33773
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EWART, DAVID	4.2 NAME	
STREET ADDRESS	125 ARCTURAS DR N	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33765	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE: *[Signature]* **MICHAEL JONES** **2/8/99** **727 584 7111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)