## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51061

Entity Name: BAY AREA BRIDAL ASSOCIATION, INC.

FILED Apr 14, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

702 COUNTRY CLUB DR 1425 THAMES LN

LARGO, FL 33771 US CLEARWATER, FL 33755 US

Current Mailing Address: New Mailing Address:

P.O. BOX 6945

CLEARWATER, FL 34618 US

FEI Number: 59-3154314 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JONES, MIKE

702 COUNTRY CLUB DR

LUCAS, KENDAL
1425 THAMES LN

LARGO, FL 33771 CLEARWATER, FL 33755 US

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: KENDAL LUCAS 04/14/2004

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: PD () Delete Title: PD (X) Change () Addition

 Name:
 CASLER, RAYMOND A
 Name:
 KHAUARIAN, MOE

 Address:
 3142 ELKRIDGE DRIVE
 3142 ELKRIDGE DRIVE

 City-St-Zip:
 HOLIDAY, FL 34691
 City-St-Zip:
 HOLIDAY, FL 34691

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: KHAUARIAN, MOE Name: JAKIE, JENSEN

 Address:
 685 MAIN STREET, UNIT D
 Address:
 685 MAIN STREET, UNIT D

 City-St-Zip:
 SAFETY HARBOR, FL 34695
 City-St-Zip:
 SAFETY HARBOR, FL 34695

Title: S () Delete Title: S (X) Change () Addition

 Name:
 LUCAS, KENDALL
 Name:
 GERTULLA, ÅMANDA

 Address:
 PO BOX 5804
 Address:
 PO BOX 5804

City-St-Zip: CLEARWATER, FL 33766 City-St-Zip: CLEARWATER, FL 33766

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 BENGELE, CHUCK
 Name:
 LUCAS, KENDAL

 Address:
 509 LIMETREET DRIVE
 Address:
 PO BOX 15623

City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: CLEARWATER, FL 33766 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KENDAL LUCAS TD 04/14/2004