

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51061

FILED  
May 01, 2005  
Secretary of State

Entity Name: BAY AREA BRIDAL ASSOCIATION, INC.

## Current Principal Place of Business:

1425 THAMES LN  
CLEARWATER, FL 33755 US

## New Principal Place of Business:

3142 ELKRIDGE DRIVE  
HOLIDAY, FL 34691 US

## Current Mailing Address:

P.O. BOX 6945  
CLEARWATER, FL 34618 US

## New Mailing Address:

PO BOX 1562  
DUNEDIN, FL 34697 US

FEI Number: 59-3154314      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

LUCAS, KENDAL  
1425 THAMES LN  
CLEARWATER, FL 33755 US

## Name and Address of New Registered Agent:

CASLER, RAYMOND A  
3142 ELKRIDGE DRIVE  
HOLIDAY, FL 34691 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: RAYMOND A CASLER

05/01/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KHAUARIAN, MOE  
Address: 3142 ELKRIDGE DRIVE  
City-St-Zip: HOLIDAY, FL 34691

Title: VPD ( ) Delete  
Name: JAKIE, JENSEN  
Address: 685 MAIN STREET, UNIT D  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S ( ) Delete  
Name: GERTULLA, AMANDA  
Address: PO BOX 5804  
City-St-Zip: CLEARWATER, FL 33766

Title: TD (X) Delete  
Name: LUCAS, KENDAL  
Address: PO BOX 15623  
City-St-Zip: CLEARWATER, FL 33766 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CASLER, RAYMOND A  
Address: 3142 ELKRIDGE DRIVE  
City-St-Zip: HOLIDAY, FL 34691 US

Title: V (X) Change ( ) Addition  
Name: ZIMMERMAN, JUDY  
Address: 2116 PINE RIDGE DRIVE  
City-St-Zip: CLEARWATER, FL 33763 US

Title: T (X) Change ( ) Addition  
Name: SORBIE, JILL  
Address: 2394 JONES DRIVE  
City-St-Zip: DUNEDIN, FL 34698 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RAYMOND A CASLER

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date