FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000002406 (7)**

1. Corporation Name

BAY AREA YOUTH WHEELCHAIR ATHLETIC ASSOICATION, INC.

Principal Place of Business	Mailing Address
3922 18TH ST. NORTH ST. PETERSBURG FL 33714	3922 18TH ST. NORTH ST. PETERSBURG FL 33714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/02/1992**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-3167414** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

RAHDERT, GEORGE K
535 CENTRAL AVE.
ST. PETERSBURG FL 33701

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (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	P	1.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	SAND, ARLEEN	1.2 NAME	APPEL, DIANE	
STREET ADDRESS	165 78TH AVE. NE	1.3 STREET ADDRESS	12125 4TH ST E.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	1.4 CITY-ST-ZIP	TREASURE ISLAND FL. 33706	
TITLE	VP	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	O'BRIEN, PATRICE	2.2 NAME	JAY, JENNIFER	
STREET ADDRESS	500 S. BELCHER RD #23	2.3 STREET ADDRESS	6421 LAKESHORE DR N.	
CITY-ST-ZIP	LARGO FL 34641	2.4 CITY-ST-ZIP	ST. PETERSBURG FL. 33710	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	BOL, DEBBIE	3.2 NAME		
STREET ADDRESS	507 CROOKED PINE COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	~~PINO, MICHAEL V JR~~	4.2 NAME		
STREET ADDRESS	~~2200 GLADYS ST., #1101~~ CANCEL DELETE	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~LARGO FL~~	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	NUPPENBERGER, JOANN	5.2 NAME		
STREET ADDRESS	6781 13TH AVENUE NO	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	MONCEAUX, DAVID	6.2 NAME		
STREET ADDRESS	12070 RACETRACK ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	6.4 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)(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: DBol DEBBIE BOL 4/3/95 813-588-0278.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068383