FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

CR2E037

Change Change

4/12/96 813.588.0278

Addition

1996

DOCUMENT # N93000002406 (7)

ST PETERSBURG FL

MONCEAUX, DAVID

TAMPA FL

12070 RACETRACK ROAD

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: ...

CITY - ST - ZIP

THILE

NAME

BAY	AREA	YOUTH	WHEELCHAIR	ATHLETIC	ASSOICATION,
INC.					

Mailing Address Principal Place of Business 3922 18TH ST. NORTH 3922 18TH ST. NORTH ST. PETERSBURG FL 33714 ST. PETERSBURG FL 33714 3a. Date of Last Report 3. Date incorporated or Qualified 05/01/1995 04/02/1992 4. FEI Number Applied For 2. Principal Place of Business Mailing Address 1400 19 VM 21 1480 18th 59-3167414 Not Applicable NORTH 26 \$8,75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired 凶 Fee Required \$5.00 May Be 6. Election Campaign Financing City & State City & State 28 ST PETERS BURG Added to Fees Trust Fund Contribution 23 ST PETERS BURG 8. This corporation has liability for intangible tax under s. 199.032, AŽU Yes No 29|33104 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RAHDERT, GEORGE K 82 535 CENTRAL AVE. 83 ST. PETERSBURG FL 33701 Zip Code City 85 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Addition DELETE 1.1 TITLE SUSAN CASERTA TITLE 1.2 NAME SAND, ARLEEN NAME HEALTH SOUTH 1.3 STREET ADDRESS GOI CLEARWATER LARGO RO 165 78TH AVE. NE STREET ADDRESS ARGO FL. 346 YO Change 1.4 CITY - ST - ZIP ST. PETERSBURG FL 33702 CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE 22 NAME O'BRIEN, PATRICE NAME 2.3 STREET ADDRESS 500 S. BELCHER RD #23 STREET ADDRESS 2 4 CITY - ST - ZIP LARGO FL 34641 CITY-ST-ZIP ☐ Change ☐ Addition DELETE 3 1 TITLE TITLE 3.2 NAME **BOL. DEBBIE** NAME **507 CROOKED PINE COURT** 3 3 STREET ADDRESS STREET ADDRESS 34 CITY - ST-7IP LARGO FL CITY - ST - ZIP Change Addition DELETE 4.1 TIFLE TITLE 4. 2 NAME JAY, JENNIFER NAME 4.3 STREET ADDRESS 6421 LAKESHORE DR. N STREET ADDRESS 4.4 City - ST - ZIP ST. PETERSBURG FL CITY-ST-ZIP Change ■ Addition DELETE 51 TITLE TITLE 5.2 NAME NUPPENBERGER, JOANN 5.3 STREET ADDRESS 6781 13TH AVENUE NO STREET ADDRESS

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k). 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 cath; 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.

61 TITLE

62 NAME

DELETE

BOL SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR