

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000002406 (7)

1. Corporation Name

BAY AREA YOUTH WHEELCHAIR ATHLETIC ASSOCIATION,
INC.

Principal Place of Business

1400 19TH ST NORTH
ST. PETERSBURG FL 33704
US

Mailing Address

1400 19TH ST NORTH
ST. PETERSBURG FL 33713-5729
US



3. Date Incorporated or Qualified
04/02/1992

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME SAND, ARLEEN
STREET ADDRESS 165 78TH AVE. NE
CITY-ST-ZIP ST. PETERSBURG FL 33702 ☒ DELETE

TITLE VP
NAME O'BRIEN, PATRICE
STREET ADDRESS 500 S. BELCHER RD #23
CITY-ST-ZIP LARGO FL 34641 ☒ DELETE

TITLE T
NAME BOL, DEBBIE
STREET ADDRESS 507 CROOKED PINE COURT
CITY-ST-ZIP LARGO FL ☐ DELETE

TITLE P
NAME JAY, JENNIFER
STREET ADDRESS 6421 LAKESHORE DR. N
CITY-ST-ZIP ST. PETERSBURG FL ☐ DELETE

TITLE D
NAME SUSAN CASERTA
STREET ADDRESS HEALTH SOUTH, 901 CLEARWATER LARGO RD
CITY-ST-ZIP LARGO FL ☒ DELETE

TITLE D-VP
NAME MONCEAUX, DAVID
STREET ADDRESS 12070 RACETRACK ROAD
CITY-ST-ZIP TAMPA FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D
1.2 NAME DIANE APPEL
1.3 STREET ADDRESS 12125 4th ST EAST.
1.4 CITY-ST-ZIP TREASURE ISLAND FL 33706 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME AMEY BOL
2.3 STREET ADDRESS 507 CROOKED PINE CT
2.4 CITY-ST-ZIP LARGO FL 33770 ☐ Change ☒ Addition

3.1 TITLE D
3.2 NAME THIERRY CHATELIER
3.3 STREET ADDRESS 6448 30th AVE
3.4 CITY-ST-ZIP ST PETERSBURG FL 33710 ☐ Change ☒ Addition

4.1 TITLE D
4.2 NAME BARBARA JAN CAMP
4.3 STREET ADDRESS C/O 1400 19th ST. N
4.4 CITY-ST-ZIP ST PETERSBURG FL 33714 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE REQUIRED

DBL

813-588-0278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050964

CR2E037 (9/96)