

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000002406**

1. Entity Name  
**BAY AREA YOUTH WHEELCHAIR ATHLETIC  
ASSOCIATION, INC.**



Principal Place of Business  
**1400 19TH ST NORTH  
ST. PETERSBURG, FL 33173 US**

Mailing Address  
**1400 19TH ST NORTH  
ST. PETERSBURG, FL 33173 US**



03312004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3167414**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**U00000136171  
04/28/04-80084-010 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
WRIGHT, WILLIAM  
9019 TRESURE LANE NE  
ST PETERSBURG, FL 33702**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TS  
SAND, ARLEEN  
1155 42 AVE. N.  
ST PETERSBURG, FL 33702**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TT  
VAN CAMP, BARBARA  
1400 19TH ST NORTH  
ST. PETERSBURG, FL 33173**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
BECK, KARL  
806 BROOKSIDE DR  
CLEARWATER, FL 33764**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Barbara G. Van Camp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara G. Van Camp*  
**31 March 2004**  
Date  
**727 893-7899**  
Day/Mo Phone #