

7-14-97 B-7950 NC
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FILED
Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003332 (4)**

1. Corporation Name

BAY AREA COUNCIL OF PROFESSIONAL FIREFIGHTERS & PARAMEDICS, INC.



Principal Place of Business

Mailing Address

**104 COUNTRY CLUB DR
SUITE C
TAMPA FL 33612**

**104 COUNTRY CLUB DR
SUITE C
TAMPA FL 33612-5651**

3. Date Incorporated or Qualified
07/21/1993

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3194492

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

**SUCARICHI, GEORGE P
104 COUNTRY CLUB DR
TAMPA FL 33612**

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	PD	<input type="checkbox"/> DELETE
NAME	SUCARICHI, GEORGE P	
STREET ADDRESS	% 104 COUNTRY CLUB DR SUITE C	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	ROYAL, VICTORIA	
STREET ADDRESS	% 104 COUNTRY CLUB DR SUITE C	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HALLMAN, B K	
STREET ADDRESS	% 104 COUNTRY CLUB DR SUITE C	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHULDT, MARK	
STREET ADDRESS	% 104 COUNTRY CLUB DR SUITE C	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERRIERO, JOHN	
STREET ADDRESS	% 104 COUNTRY CLUB DR SUITE C	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SARTORI, ROGER	
STREET ADDRESS	% 104 COUNTRY CLUB DR SUITE C	
CITY-ST-ZIP	TAMPA FL 33612	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **Y. SUCARICHI** 7/13/97 813)932-1155

CR2E037 (9/96)