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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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



3. Date Incorporated or Qualified

07/21/1993

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

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SUCARICHI, GEORGE P
STREET ADDRESS % 104 COUNTRY CLUB DR SUITE C
CITY-ST-ZIP TAMPA FL 33612

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME CHRIS BRANTLEY
1.3 STREET ADDRESS 104 COUNTRY CLUB DR SUITE C
1.4 CITY-ST-ZIP TAMPA, FL 33612

TITLE STD ☐ DELETE
NAME ROYAL, VICTORIA
STREET ADDRESS % 104 COUNTRY CLUB DR SUITE C
CITY-ST-ZIP TAMPA FL 33612

2.1 TITLE PD ☐ Change ☒ Addition
2.2 NAME DAVID ALVAREZ
2.3 STREET ADDRESS 104 COUNTRY CLUB DR SUITE C
2.4 CITY-ST-ZIP TAMPA, FL 33612

TITLE TD ☐ DELETE
NAME HALLMAN, B K
STREET ADDRESS % 104 COUNTRY CLUB DR SUITE C
CITY-ST-ZIP TAMPA FL 33612

3.1 TITLE PD ☐ Change ☒ Addition
3.2 NAME CHARLES BRIDGES
3.3 STREET ADDRESS 104 COUNTRY CLUB DR SUITE C
3.4 CITY-ST-ZIP TAMPA, FL 33612

TITLE PD ☐ DELETE
NAME SCHULDT, MARK
STREET ADDRESS % 104 COUNTRY CLUB DR SUITE C
CITY-ST-ZIP TAMPA FL 33612

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME FERRIERO, JOHN
STREET ADDRESS % 104 COUNTRY CLUB DR SUITE C
CITY-ST-ZIP TAMPA FL 33612

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

TITLE PD ☒ DELETE
NAME SARTORI, ROGER
STREET ADDRESS % 104 COUNTRY CLUB DR SUITE C
CITY-ST-ZIP TAMPA FL 33612

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

14. 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 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: George P. Sucarichi **SUCARICHI, GEORGE P.** 11/6/98 8(3) 932-1155

CR2E037 (10/97)