

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N94000005418 (8)

1. Corporation Name

BAY AREA COMMUNITY CHURCH, INC.

100001828361
-05/20/96--01024--007
***61.25



Principal Place of Business
**1419 W. WATERS AVENUE
SUITE 112
TAMPA FL 33604**

Mailing Address
**1419 W. WATERS AVENUE
SUITE 112
TAMPA FL 33604**

3. Date Incorporated or Qualified **10/31/1994** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-3291764** 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

~~OSBORN, GARY~~
~~1419 W. WATERS AVENUE~~
~~SUITE 112~~
~~TAMPA FL 33604~~

10. Name and Address of New Registered Agent

81 Name **GRECO, FRANK J.**
82 Street Address (P.O. Box Number is Not Acceptable) **HARRIS, BARRETT, MANN & DEW**
83 **1715 N. WESTSHORE BLVD., STE. 750**
84 City **TAMPA** 85 Zip Code **FL 33607**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	OSBORN, GARY	
STREET ADDRESS	1419 W. WATERS AVENUE, SUITE 112	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	APISA, PAM & FRANK	
STREET ADDRESS	13404-D NATCHEZ LANE	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, SANDRA	
STREET ADDRESS	2311 BELLECHASE CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROTH, TIM	
STREET ADDRESS	8307 N. NEW PORT	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GALLIGAN, GARY	
STREET ADDRESS	2701 W. WATERS, #505	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALLIGAN, JANET	
STREET ADDRESS	2701 W. WATERS, #505	
CITY-ST-ZIP	TAMPA FL 33614	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MOYER, DAVID	
1.3 STREET ADDRESS	4116 W. IOWA AVE.	
1.4 CITY-ST-ZIP	TAMPA, FL 33616	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	APISA, FRANK	
2.3 STREET ADDRESS	7805 LAKESIDE BLVD.	
2.4 CITY-ST-ZIP	TAMPA, FL 33614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	TAMPA, FL 33634	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	HARDEE, BRUCE	
6.3 STREET ADDRESS	3417 PICWOOD RD.	
6.4 CITY-ST-ZIP	TAMPA, FL 33618	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone:

4/30/96 (813) 935-5201

CR2E037 (12/95)