


FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005418 (8)**

1. Corporation Name

**BAY AREA COMMUNITY CHURCH, INC.**

Principal Place of Business

Mailing Address

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

**1419 W. WATERS AVENUE  
SUITE 112  
TAMPA FL 33604-2852**



3. Date Incorporated or Qualified **10/31/1994**      3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3291764</b>	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
22	27	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRECO, FRANK J  
HARRIS, BARRETT, MANN & DEW  
1715 N. WESTSHORE BLVD., STE. 750  
TAMPA FL 33607**

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	<b>TD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOYER, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>4116 W. IOWA AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33616</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>APISA, FRANK</b>	2.2 NAME	
STREET ADDRESS	<b>7805 LAKESIDE BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, SANDRA</b>	3.2 NAME	
STREET ADDRESS	<b>2311 BELLECHASE CIRCLE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTH, TIM</b>	4.2 NAME	
STREET ADDRESS	<b>8307 N. NEW PORT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33604</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLIGAN, GARY</b>	5.2 NAME	
STREET ADDRESS	<b>2701 W. WATERS, #505</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARDEE, BRUCE</b>	6.2 NAME	
STREET ADDRESS	<b>3417 PICWOOD RD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* **APISA** 3/27/97 (813) 935-5201

CR2E037 (9/96)