

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005418

1. Corporation Name

BAY AREA COMMUNITY CHURCH, INC.

Principal Place of Business

1419 W. WATERS AVENUE
SUITE 112
TAMPA FL 33604

Mailing Address

1419 W. WATERS AVENUE
SUITE 112
TAMPA FL 33604

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90048 002 ****61.25



2. Principal Place of Business

21 2701 W. WATERS AVE

2a. Mailing Address

26 2701 W. WATERS AVE

Suite, Apt. #, etc.

22 APT # 505

Suite, Apt. #, etc.

27 APT # 505

City & State

23 TAMPA FL

City & State

28 TAMPA, FLA

Zip

24 33614 25 USA

Zip

29 33614 30 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

10/31/1994

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

10. Name and Address of New Registered Agent

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 TD
NAME MOYER, DAVID
STREET ADDRESS 4116 W. IOWA AVE.
CITY-ST-ZIP TAMPA FL 33616 ☐ DELETE

TITLE VPD
NAME APISA, FRANK
STREET ADDRESS 7805 LAKESIDE BLVD.
CITY-ST-ZIP TAMPA FL 33614 ☒ DELETE

TITLE D
NAME LEWIS, SANDRA
STREET ADDRESS 9412 FOREST HILLS CIR
CITY-ST-ZIP TAMPA FL 33612 ☐ DELETE

TITLE D
NAME ROTH, TIM
STREET ADDRESS 8307 N. NEW PORT
CITY-ST-ZIP TAMPA FL 33604 ☐ DELETE

TITLE P
NAME GALLIGAN, GARY
STREET ADDRESS 2701 W. WATERS, #505
CITY-ST-ZIP TAMPA FL 33614 ☐ DELETE

TITLE D
NAME HARDEE, BRUCE
STREET ADDRESS 3417 PICWOOD RD.
CITY-ST-ZIP TAMPA FL 33618 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME C HOGAN, STEVE
2.3 STREET ADDRESS 4022 Bell Brook Drive
2.4 CITY-ST-ZIP TAMPA, FL 33624

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0049664