2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004
Secretary of State

DOCUMENT# N98000007005

Entity Name: BAY AREA COUNCIL, INC.

Current Principal Place of Business:

3488 DELTONA BLVD.
SPRINGHILL, FL 34606

New Principal Place of Business:

Current Mailing Address:

550 N.REO STREET
SUITE 300
TAMPA, FL 33609

New Mailing Address:

P.O. BOX 247
LUTZ, FL 33548

FEI Number: 59-3379006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOWELL, RON A CPA
550 N.REO STREET.
SUITE 300
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

HOWELL, RON A
P.O. BOX 247
LUTZ, FL 33548 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RON A. HOWELL 07/12/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: HOWELL, RON A
Address: 550 N.REO ST.#300
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: LAZZARA, WILFRED
Address: 550 N.REO ST.#300
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete
Name: SUCARICHI, GEORGE
Address: 550 N.REO ST.#300
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: HOWELL, RON A
Address: P.O. BOX 247
City-St-Zip: LUTZ, FL 33548

Title: D (X) Change ( ) Addition
Name: LAZZARA, WILFRED
Address: P.O. BOX 247
City-St-Zip: LUTZ, FL 33548

Title: D (X) Change ( ) Addition
Name: SUCARICHI, GEORGE
Address: P.O. BOX 247
City-St-Zip: LUTZ, FL 33548

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON A. HOWELL PCD 07/12/2004
Electronic Signature of Signing Officer or Director Date