

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007005

FILED  
Aug 21, 2006  
Secretary of State

Entity Name: BAY AREA COUNCIL, INC.

## Current Principal Place of Business:

9831 SR 52  
HUDSON, FL 34667

## New Principal Place of Business:

10730 U S HIGHWAY 19  
SUITE 7  
PORT RICHEY, FL 34668

## Current Mailing Address:

100 2ND AVENUE SOUTH, SUITE 200 S  
ST PETERSBURG, FL 33701

## New Mailing Address:

C/O RON HOWELL 4230 S MACDILL AVE SUITE E  
TAMPA, FL 33611

FEI Number: 59-3379006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

HOWELL, RON A  
100 2ND AVENUE SOUTH, SUITE 200 S  
ST PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

HOWELL, RON A  
4230 S MACDILL AVE SUITE E  
TAMPA, FL 33611 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

08/21/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PCD (X) Delete  
Name: HOWELL, RON A  
Address: 100 2ND AVENUE SOUTH, SUITE 200 S  
City-St-Zip: ST PETERSBURG, FL 33701

Title: D ( ) Delete  
Name: LAZZARA, WILFRED  
Address: 100 2ND AVENUE SOUTH, SUITE 200 S  
City-St-Zip: ST PETERSBURG, FL 33701

Title: D ( ) Delete  
Name: BAPTIST, SHAWN  
Address: 100 2ND AVE SOUTH, SUITE 200 S  
City-St-Zip: ST PETERSBURG, FL 33701

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LAZZARA, WILFRED  
Address: C/O RON HOWELL 4230 S MACDILL AVE SUITE E  
City-St-Zip: TAMPA, FL 33611

Title: D (X) Change ( ) Addition  
Name: BAPTIST, SHAWN  
Address: C/O RON HOWELL 4230 S MACDILL AVE SUITE E  
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILFRED LAZZARA

D

08/21/2006

Electronic Signature of Signing Officer or Director

Date