

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000007005

Entity Name: BAY AREA COUNCIL, INC.

FILED
Nov 19, 2007
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

C/O RON HOWELL 1112ND AVE NE
SUITE 157
ST PETERSBURG, FL 33701

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
4230 S MACDILL AVE SUITE E
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

HOWELL, RON A
111 2ND AVE NE
SUITE 157
ST PETERSBURG, FL 33701 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

11/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAZZARA, WILFRED
Address: C/O RON HOWELL 111 2ND AVE NE SUITE 157
City-St-Zip: ST PETERSBURG, FL 33701

Title: D (X) Change () Addition
Name: BAPTIST, SHAWN
Address: C/O RON HOWELL 111 2ND AVENUE NE SUITE 157
City-St-Zip: ST PETERSBURG, FL 33701

I hereby certify that the information supplied with this filing does not qualify 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: RON A. HOWELL

RA

11/19/2007

Electronic Signature of Signing Officer or Director

Date