

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000004911	
1. Entity Name BAY AREA INTERFAITH-INTERAGENCY NETWORK IN DISASTER, INC.	

Principal Place of Business 5315 VAN DYKE RD. LUTZ, FL 33558	Mailing Address 5315 VAN DYKE RD. LUTZ, FL 33558
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DO NOT WRITE IN THIS SPACE



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3594133	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MALIVUK, M.RICHARD REV.
5315 VAN DYKE RD.
LUTZ, FL 33558**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000100639 04/01/04-80017-024 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALLON, STEPHANIE P.O. BOX 13087 ST. PETERSBURG, FL 33733
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PETERSON, MARK REV. 2410 ANDALUSIA WAY N.E. SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRANCIS, ROGER 2812 8TH ST. N. ST. PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOMBARDO, RAY 2594 1/2 32 AVE. N. ST. PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MACNAMEE, DAVID 817 MANDALAY AVE. CLEARWATER BEACH, FL 33787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT MALIVUK, M.RICHARD 5315 VAN DYKE RD. LUTZ, FL 33558

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IN THIS SPACE**

12. 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 report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **M. Richard Malivuk** **3/30/04 (813) 963-0909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #