2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004911

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

Principal Place of Business	Mailing Address
5315 VAN DYKE RD. LUTZ, FL 33558	5315 VAN DYKE RD. LUTZ, FL 33558

04122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CALLON, STEPHANIE
STREET ADDRESS	P.O. BOX 13087
CITY-ST-ZIP	ST. PETERSBURG, FL 33733
TITLE	DP
NAME	PETERSON, MARK REV.
STREET ADDRESS	2410 ANDALUSIA WAY N.E.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	D
NAME	FRANCIS, ROGER
STREET ADDRESS	2812 8TH ST. N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	D
NAME	LOMBARDO, RAY
STREET ADDRESS	25941/2 32 AVE. N.
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	DV
NAME	MACNAMEE, DAVID
STREET ADDRESS	817 MANDALAY AVE.
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767
TITLE	DT
NAME	MALIVUK, M.RICHARD
STREET ADDRESS	5315 VAN DYKE RD.
CITY-ST-ZIP	LUTZ, FL 33558

U00000304877
04/14/05-80059-023 61.25

DO NOT WRITE 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 617, 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 Pres. 4/12/05 (813)963-0969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #