
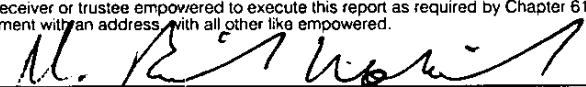


**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

440544.00

<b>DOCUMENT # N99000004911</b>						05-30-2006 90037 038 *****61.25																									
<b>1. Entity Name</b> BAY AREA INTERFAITH-INTERAGENCY NETWORK IN DISASTER, INC.																															
<b>Principal Place of Business</b> 5315 VAN DYKE RD. LUTZ, FL 33558				<b>Mailing Address</b> 5315 VAN DYKE RD. LUTZ, FL 33558																											
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>																											
Suite, Apt. #, etc.				Suite, Apt. #, etc.																											
City & State				City & State																											
Zip		Country		Zip		Country																									
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>																											
MALIVUK, M.RICHARD REV. 5315 VAN DYKE RD. LUTZ, FL 33558				Name																											
				Street Address (P.O. Box Number is Not Acceptable)																											
				City																											
				FL																											
				Zip Code																											
<b>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.</b>																															
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																															
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>				<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																									
				<b>Make check payable to Florida Department of State</b>																											
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																											
<table border="1"><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td colspan="2">CALLON, STEPHANIE</td></tr><tr><td>STREET ADDRESS</td><td colspan="2">P.O. BOX 13087</td></tr><tr><td>CITY-ST-ZIP</td><td colspan="2">ST. PETERSBURG, FL 33733</td></tr></table>				TITLE	D	<input type="checkbox"/> Delete	NAME	CALLON, STEPHANIE		STREET ADDRESS	P.O. BOX 13087		CITY-ST-ZIP	ST. PETERSBURG, FL 33733		<table border="1"><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td colspan="2"></td></tr><tr><td>STREET ADDRESS</td><td colspan="2"></td></tr><tr><td>CITY-ST-ZIP</td><td colspan="2"></td></tr></table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>																															
<b>SIGNATURE:</b> 				5/24/06 (813) 963-0969																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																											