

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90078 014 ****61.25

DOCUMENT # N99000004911

1. Entity Name
**BAY AREA INTERFAITH-INTERAGENCY NETWORK IN DISAS
TER, INC.**



Principal Place of Business

**5315 VAN DYKE RD.
LUTZ FL 33549**

Mailing Address

**5315 VAN DYKE RD.
LUTZ FL 33549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33558

33558

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

7. Name and Address of New Registered Agent

**MALIVUK, M.RICHARD REV.
5315 VAN DYKE RD.
LUTZ FL 33549**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
33558

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CALLON, STEPHANIE**
STREET ADDRESS **P.O. BOX 13087**
CITY-ST-ZIP **ST. PETERSBURG FL 33733**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **PETERSON, MARK REV.**
STREET ADDRESS **2410 ANDALUSIA WAY N.E.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33704**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **FRANCIS, ROGER**
STREET ADDRESS **2812 8TH ST. N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33704**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LOMBARDO, RAY**
STREET ADDRESS **25941/2 32 AVE. N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **MACNAMEE, DAVID**
STREET ADDRESS **817 MANDALAY AVE.**
CITY-ST-ZIP **CLEARWATER BEACH FL 33767**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **MALIVUK, M.RICHARD**
STREET ADDRESS **5315 VAN DYKE RD.**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
33558

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:

[Signature]

4/10/03 (813) 963-0969

CR2E037 (10/02)