

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90104 008 \*\*\*\*61.25

<b>DOCUMENT # 742940</b>					
1. Entity Name <b>BAY POINT FACILITIES, INC.</b>					
Principal Place of Business 632 BAY POINT BLVD MILTON, FL 32583		Mailing Address 632 BAY POINT BLVD MILTON, FL 32583			
2. Principal Place of Business <i>1944 BAY POINT BLVD</i>		3. Mailing Address <i>1944 BAY POINT BLVD</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>MILTON, FL</i>		City & State <i>MILTON, FL</i>		4. FEI Number <b>59-1964725</b>	
Zip <i>32583</i>		Country		Applied For. Not Applicable	
Zip <i>32583</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BANKES, DEBRA L 639 BAY POINT BLVD MILTON, FL 32583			Name <i>HARE, RICHARD W.</i>		
			Street Address (P.O. Box Number is Not Acceptable) <i>1943 BAY POINT BLVD</i>		
			City <i>MILTON, FL</i> Zip Code <i>32583</i>		
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 <i>[Signature]</i> DATE <i>4/4/04</i>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKES, ALLAN D		NAME	PRICE, LAWRENCE A.	
STREET ADDRESS	639 BAY POINT BLVD		STREET ADDRESS	1942 BAY POINT BLVD.	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	MILTON, FL 32583	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, LESTER F		NAME	HAYES, LORIE	
STREET ADDRESS	639 BAY POINT BLVD		STREET ADDRESS	1928 BAY POINT BLVD	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	MILTON, FL 32583	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKES, DEBRA L		NAME	HARE, RICHARD-W.	
STREET ADDRESS	639 BAY POINT BLVD		STREET ADDRESS	1943 BAY POINT BLVD	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	MILTON, FL 32583	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>RICHARD W. HARE</b>		Date <i>4/4/04</i> (850) 983-9390	

