
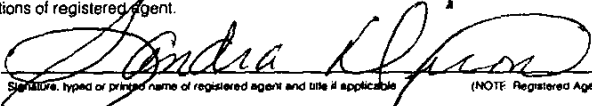



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90189 027 ****61.25

DOCUMENT # 742940					
1. Entity Name BAY POINT FACILITIES, INC.					
Principal Place of Business 1944 BAY POINT BLVD. MILTON, FL 32583		Mailing Address 1944 BAY POINT BLVD. MILTON, FL 32583			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1964725	
				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		
WOODS, DAN 1836 GARCON POINT ROAD MILTON, FL 32583			Name SANDRA DIXON Street Address (P.O. Box Number is Not Acceptable) 1943 BAY POINT BLVD City MILTON FL Zip Code 32583		
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 2/24/07		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		10. \$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	PVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODS, DAN		NAME	Jim Wehrle	
STREET ADDRESS	1836 GARCON POINT ROAD		STREET ADDRESS	1932 Bay Point Blvd	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	MILTON FL 32583	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, DANIEL		NAME	Amanda Morse	
STREET ADDRESS	4349 BAYWOODS DRIVE		STREET ADDRESS	1934 BAY POINT BLVD	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	MILTON, FL 32583	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAIN, RICHARD		NAME	SANDRA DIXON	
STREET ADDRESS	5828 WESTMONT ROAD		STREET ADDRESS	1943 BAY POINT	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	MILTON FL 32583	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ivy Howell	
STREET ADDRESS			STREET ADDRESS	4043 Woodland Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Villa Rica GA 30180	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Ronald Figgins	
STREET ADDRESS			STREET ADDRESS	889 Dolphin Rd	
CITY-ST-ZIP			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		
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.					
SIGNATURE: 			DATE: 4/23/07 DAYTIME PHONE #: 850-665-3265		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40082498



02072007 Chg-NP CR2E037 (12/06)