


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90021 036 ****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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIXON, SANDRA 1943 BAY POINT BLVD MILTON, FL 32583				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2008		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	PVD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEHRLE, JIM		NAME	Kye Howell	
STREET ADDRESS	1932 BAY POINT BLVD		STREET ADDRESS	4043 Woodland Dr	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	Villa Rica GA 30180	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORSE, AMANDA		NAME	DANIEL MITCHELL	
STREET ADDRESS	1934 BAY POINT BLVD		STREET ADDRESS	1950 Baypoint Blvd	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	Milton FL 32583	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, SANDRA		NAME	SANDRA DIXON	
STREET ADDRESS	1943 BAY POINT		STREET ADDRESS	1943 Bay Point Blvd	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	Milton FL 32583	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, KYE		NAME	Ronald Figgins	
STREET ADDRESS	4043 WOODLAND DR		STREET ADDRESS	889 Dolphin Rd	
CITY-ST-ZIP	VILLA RICA, GA 30180		CITY-ST-ZIP	Milton FL 32583	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGGINS, RONALD		NAME	James Wehrle	
STREET ADDRESS	889 DOLPHIN RD		STREET ADDRESS	1932 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		
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: <u>SANDRA DIXON Sandra Dixon SD</u> <u>4/21/08</u> <u>250-665-3265</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40077639



04192008 Chg-NP CR2E037 (12/06)

\$8.75 Additional Fee Required