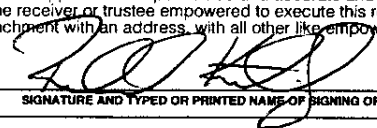


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90010 050 ****61.25

DOCUMENT # N03000003557 1. Entity Name BAY LIFE CHURCH, INC.					
Principal Place of Business 316 KENSEY LANE OSPNEY, FL 34229			Mailing Address 316 KENSEY LANE OSPNEY, FL 34229		
2. Principal Place of Business 344 21ST AVE. N.E.		3. Mailing Address PO BOX 106			
Suite, Apt., etc. ST. PETERSBURG		Suite, Apt., etc. 204 37TH AVE. N.			
City & State FL.		City & State ST. PETERSBURG, FL.			
Zip 33704		Country Pinellas		Zip 33704	
Country PINELLAS		4. FEI Number 200209200			
5. Certificate of Status Desired ☐				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KUTINSKY, RON 316 KENSEY LANE OSPNEY, FL 34229			7. Name and Address of New Registered Agent Name RON KUTINSKY Street Address (P.O. Box Number is Not Acceptable) 344 21ST AVE. N.E. City ST. PETERSBURG FL Zip Code 33704		
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					
Filing Fee Is \$61.25 Due by May 1, 2004		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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete KUTINSKY, RON 316 KENSEY LANE OSPNEY, FL 34229				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete KUTINSKY, DONNA 316 KENSEY LANE OSPNEY, FL 34229				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete HILL, ROGER 12323 GOLF COURSE ROAD PARRISH, FL 34219				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
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:  3-22-04 727-215-5438 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

54021997



02032004 Chg-NP CR2E037 (10/03)