


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90006 028 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N51273					
1. Corporation Name BAY PINES CENTRAL COMMITTEE, INC.					
Principal Place of Business 9801 BAY PINES BLVD ST. PETERSBURG FL 33708			Mailing Address %CMC INC 4175 EAST BAY DR. 205 LARGO FL 34624 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/12/1992 4. FEI Number 59-3152505 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				Applied For No: Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent HILDEBRANDT, HAL 4175 E BAY DR 205 CLEARWATER FL 34624				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE		SD		<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		PRICE, ALMA				1.2 NAME					
STREET ADDRESS		9945 47 AVE N, 110				1.3 STREET ADDRESS					
CITY-ST-ZIP		ST. PETERSBURG FL				1.4 CITY-ST-ZIP					
TITLE		PD		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		WOOD, ROGER				2.2 NAME					
STREET ADDRESS		1202 N PARSONS AVE				2.3 STREET ADDRESS					
CITY-ST-ZIP		BRANDON FL				2.4 CITY-ST-ZIP					
TITLE		TD		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		HILL, BILL				3.2 NAME					
STREET ADDRESS		9950 47 AVE 106				3.3 STREET ADDRESS					
CITY-ST-ZIP		ST. PETERSBURG FL				3.4 CITY-ST-ZIP					
TITLE		VP		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		BRZTOWSKI, PAULA				4.2 NAME					
STREET ADDRESS		9815 47TH AVE N #302				4.3 STREET ADDRESS					
CITY-ST-ZIP		ST PETERSBURG FL 33708				4.4 CITY-ST-ZIP					
TITLE		D		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		CAMPBELL, PATRICIA				5.2 NAME					
STREET ADDRESS		4800 98 WAY N, 204				5.3 STREET ADDRESS					
CITY-ST-ZIP		ST. PETERSBURG FL				5.4 CITY-ST-ZIP					
TITLE				<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME						6.2 NAME					
STREET ADDRESS						6.3 STREET ADDRESS					
CITY-ST-ZIP						6.4 CITY-ST-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)