


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000000458		
1. Entity Name THE BAYSIDE GIRL CHOIR, INC.		
Principal Place of Business 1710 N HERCULES, SUITE 112 CLEARWATER, FL 33765	Mailing Address 1710 N HERCULES, SUITE 112 CLEARWATER, FL 33765	



04252005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-3696870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

POINTER, LINDA W
 1710 N HERCULES, SUITE 112
 CLEARWATER, FL 33765

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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 NA Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEVILLE, PEGGY 2955 UNION ST. CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PTICHFORD, ROBIN 1589 OAK LANE CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, RUSSELL 4800 S WESTSHORE BLVD. #724 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/27/05-80119-019 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda W. Pointer SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date April 26th, 2005 Daytime Phone # 727-441-10