


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90158 012 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04212005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-1964725				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARE, RICHARD W 1943 BAY POINT BLVD. MILTON, FL 32583				7. Name and Address of New Registered Agent Name BANKES, Debra L. Street Address (P.O. Box Number is Not Acceptable) 1952 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 <u><i>Debra L. Bankes</i></u> DATE <u><i>4/22/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, LAWRENCE		NAME	HAYES, Lorie	
STREET ADDRESS	1942 BAY POINT BLVD.		STREET ADDRESS	1928 Bay Point Blvd.	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	Milton, FL 32583	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYES, LORIE		NAME	Carolyn Albrighton	
STREET ADDRESS	1928 BAY POINT BLVD.		STREET ADDRESS	1943 Bay Point Blvd.	
CITY-ST-ZIP	MILTON, FL 32583		CITY-ST-ZIP	Milton, FL 32583	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARE, RICHARD W		NAME	Debra L. Bankes	
STREET ADDRESS	1943 BAY POINT BLVD.		STREET ADDRESS	1952 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		
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		
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 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: <u><i>Debra L. Bankes</i></u> Debra L. Bankes <u><i>4/22/05</i></u> 850-623-8009 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					