


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90026 014 ****61.25

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
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2. Principal Place of Business 1926 Cleveland St. Suite, Apt. #, etc.	3. Mailing Address 1926 Cleveland St. Suite, Apt. #, etc.
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01052006 Chg-NP CR2E037 (11/05)

City & State Clearwater FL	City & State Clearwater FL	4. FEI Number 59-3696870	Applied For Not Applicable
Zip 33765	Country USA	Zip 33765	Country USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent POINTER, LINDA W 1710 N HERCULES, SUITE 112 CLEARWATER, FL 33765		7. Name and Address of New Registered Agent Name <u>Linda W. Pointer</u> Street Address (P.O. Box Number is Not Acceptable) <u>1926 Cleveland St.</u> City <u>Clearwater</u> FL Zip Code <u>33765</u>	
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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 Linda Pointer DATE Jan. 5, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEVILLE, PEGGY 2955 UNION ST. CLEARWATER, FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PTICHFORD, ROBIN 1589 OAK LANE CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, RUSSELL 4800 S WESTSHORE BLVD. #724 TAMPA, FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Linda Pointer Linda Pointer 1-5-06 727-441-1099
Signature and typed or printed name of signing officer or director Date Daytime Phone #