

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90429 021 ****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**

50018256



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-1964725

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BANKES, DEBRA L
1942 BAY POINT BLVD.
MILTON, FL 32583**

Name **Dan Woods**

Street Address (P.O. Box Number is Not Acceptable)

1836 Garcon Point Rd

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

Dan Woods Dan Woods

4/27/06

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **HAYES, LORIE**
STREET ADDRESS **1928 BAY POINT BLVD**
CITY-ST-ZIP **MILTON, FL 32583**

TITLE **PD** ☐ Change ☒ Addition
NAME **Woods, Dan**
STREET ADDRESS **1836 Garcon Point Rd**
CITY-ST-ZIP **Milton, FL 32583**

TITLE **VD** ☒ Delete
NAME **ALBRITTON, CAROLYN**
STREET ADDRESS **1943 BAY POINT BLVD**
CITY-ST-ZIP **MILTON, FL 32583**

TITLE **VD** ☐ Change ☒ Addition
NAME **Mitchell, Daniel**
STREET ADDRESS **4349 Baywoods Dr**
CITY-ST-ZIP **Pensacola, FL 32504**

TITLE **STD** ☒ Delete
NAME **BANKES, DEBRA L**
STREET ADDRESS **1952 BAY POINT BLVD**
CITY-ST-ZIP **MILTON, FL 32583**

TITLE **STD** ☐ Change ☒ Addition
NAME **Stain, Richard**
STREET ADDRESS **5828 Westmont Rd**
CITY-ST-ZIP **Milton, FL 32583**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Dan Woods Dan Woods

4/27/06

850-623-0824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #