

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90189 027 ****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**

40082498



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02072007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1964725

Applied For
Not Applicable

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	
WOODS, DAN 1836 GARCON POINT ROAD MILTON, FL 32583		Name SANDRA DIXON Street Address (P.O. Box Number is Not Acceptable) 1943 BAY POINT BLVD City MILTON FL 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 *Sandra Dixon* **2/24/07**
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, 2007**

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	<input checked="" type="checkbox"/> Delete		TITLE	PVD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WOODS, DAN			NAME	Jim Wehrle		
STREET ADDRESS	1836 GARCON POINT ROAD			STREET ADDRESS	1932 Bay Point Blvd		
CITY-ST-ZIP	MILTON, FL 32583			CITY-ST-ZIP	MILTON FL 32583		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MITCHELL, DANIEL			NAME	Amanda Morse		
STREET ADDRESS	4349 BAYWOODS DRIVE			STREET ADDRESS	1934 Bay Point Blvd		
CITY-ST-ZIP	PENSACOLA, FL 32504			CITY-ST-ZIP	MILTON, FL 32583		
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HAIN, RICHARD			NAME	SANDRA DIXON		
STREET ADDRESS	5828 WESTMONT ROAD			STREET ADDRESS	1943 BAY POINT		
CITY-ST-ZIP	MILTON, FL 32583			CITY-ST-ZIP	MILTON FL 32583		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Iye Howell		
STREET ADDRESS				STREET ADDRESS	4043 Woodland Dr.		
CITY-ST-ZIP				CITY-ST-ZIP	Villa Rica GA 30180		
TITLE		<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Ronald Figgins		
STREET ADDRESS				STREET ADDRESS	889 Dolphin Rd		
CITY-ST-ZIP				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			

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: *Sandra Dixon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 **850-665-3265**
Date Daytime Phone #