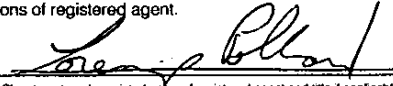
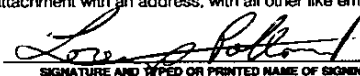


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90544 037 ****70.00

DOCUMENT # 700946 1. Entity Name BAYVISTA CHURCH OF CHRIST INC					
Principal Place of Business 5460 7TH STREET SOUTH SAINT PETERSBURG, FL 33705			Mailing Address 5460 7TH STREET SOUTH SAINT PETERSBURG, FL 33705		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2382217	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WARNOCK, FRED D. 5460 7TH ST. S. 853 69TH AVE. S. ST. PETERSBURG, FL 33705			Name Lorenzo Pollard Street Address (P.O. Box Number is Not Acceptable) 5460 7th Street South 2720 4th Avenue North City St. Petersburg FL Zip Code 33713		
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  Signature, typed or printed name of registered agent and title if applicable.			DATE 4/24/05 (NOTE: Registered Agent signature required when reissuing)		
Filing Fee is \$61.25 Due by May 1, 2005		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	STD	☒ Delete	TITLE	PD	☐ Change ☒ Addition
NAME	WARNOCK, FRED D.		NAME	Keith Delaney	
STREET ADDRESS	5460 7TH ST. S.		STREET ADDRESS	1131 58 Ave. So.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33705		CITY-ST-ZIP	St Petersburg, FL 33705	
TITLE	D	☒ Delete	TITLE	STD	☐ Change ☒ Addition
NAME	MCROY, WILLIAM		NAME	Andrell Stephens	
STREET ADDRESS	1221 FARUNSO ST. S.		STREET ADDRESS	2600 Nikol Terrace South	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE	VD	☒ Delete	TITLE	VD	☐ Change ☒ Addition
NAME	JENKINS, GRANDERSON		NAME	Wilma Green	
STREET ADDRESS	P.O. BOX 15068		STREET ADDRESS	2151 26 Ave. So	
CITY-ST-ZIP	ST PETERSBURG, FL 33733		CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE	VD	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	POLLARD, LORENZO		NAME	Robert Lacy	
STREET ADDRESS	2720 4TH AVE N		STREET ADDRESS	4456 Cobia Dr. S.E	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33713		CITY-ST-ZIP	St Petersburg, FL 33705	
TITLE	PD	☒ Delete	TITLE		
NAME	LATELERS, MILTON		NAME		
STREET ADDRESS	355 55TH AVENUE SOUTH		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 4/24/05 Date		