2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706060

FILED Mar 16, 2009 Secretary of State

Entity Name: BAY POINT CHRISTIAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 2001-62ND AVENUE SOUTH ST PETERSBURG, FL 33712 **Current Mailing Address: New Mailing Address:** 2001-62ND AVENUE SOUTH ST PETERSBURG, FL 33712 FEI Number: 59-6558419 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOY, WADE N 4830 PARADISE WAY S US SAINT PETERSBURG, FL 33705 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WHARRIE, CAROLYN Name: Name: 4701 HYACINTH WAY S. Address: Address: City-St-Zip: ST PETERSBURG, FL 33705 City-St-Zip: Title: Title: () Delete () Change () Addition HOY, WADE N Name: Name: Address: 4830 PARADISE WAY S. Address: City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: Title: PDTitle: PD (X) Change () Addition () Delete COOK, FRED COOK, FRED Name: Name: 2710 PINELLAS POINT DR. S. Address: Address: 2710 PINELLAS POINT DR. S. City-St-Zip: SAINT PETERSBURG, FL 33705 City-St-Zip: SAINT PETERSBURG, FL 33712 Title: () Delete Title: () Change () Addition Name: THRUN, ROBERT Name: Address: 2045 66TH AVE. S. Address: City-St-Zip: ST. PETERSBURG, FL 33712 City-St-Zip: Title: () Delete Title: () Change () Addition FROST, RICHARD Name: Name: 430 BAY ST. NE #1406 Address: Address: City-St-Zip: ST. PETERSBURG, FL 33701 City-St-Zip: Title: () Delete Title: () Change () Addition TAYLOR, GENE Name: Name: Address: 7000 14TH ST. S. Address: ST. PETERSBURG, FL 33705 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA J. THRUN AT 03/16/2009