


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90002 029 ****61.25

DOCUMENT # 706718 1. Entity Name BAY CEIA BAPTIST CHURCH, INC.					
Principal Place of Business 4615 GEORGE RD. TAMPA, FL 33634			Mailing Address 4615 GEORGE RD. TAMPA, FL 33634		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
QUINENES, ELADIO M 4903 STOLLS AVE TAMPA, FL 33615			Name Quinones Street Address (P.O. Box Number is Not Acceptable) City State FL		
8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.			a. I am familiar with, and accept DATE I check payable to Department of State		
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sign</small>			Filing Fee is \$61.25 Due by May 1, 2004		
9. Election Campaign Financing			Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DERISO, CHARLES 6537 W. HANNA AVE TAMPA, FL 33634	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, SHARON 8311 NORTHBRIDGE BLVD TAMPA, FL 33614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLLIER, BRENDA 4802 EL CAPISTRANO DR TAMPA, FL 33634	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVANS, ALLEN 6709 MORNAY CIR TAMPA, FL 33615	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUINONES, ELADIO 4903 STOLLS AVE TAMPA, FL 33615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLS, NANCY 11635 HIDDEN HOLLOW CIR. TAMPA, FL 33635	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Choate, Virgil 10262 Oasis Palm Dr Tampa FL 33615	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Winters, Brad 4611 Bjerle Cir Tampa FL 33634	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <i>Eladio M. Quinones</i> 1/8/04 813-872-2997 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0995641

Applied For
Not Applicable

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

Please
correct
spelling