

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706718

FILED
Feb 09, 2006
Secretary of State

Entity Name: BAY CEIA BAPTIST CHURCH, INC.

Current Principal Place of Business:

4615 GEORGE RD.
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

4615 GEORGE RD.
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-0995641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINONES, ELADIO M
4903 STOLLS AVE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

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:

Title: T () Delete
Name: CHOATE, VIRGIL
Address: 10262 OASIS PALM DR
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: MOORE, SHARON
Address: 8311 NORTHBRIDGE BLVD
City-St-Zip: TAMPA, FL 33614

Title: S () Delete
Name: COLLIER, BRENDA
Address: 4802 EL CAPISTRANO DR
City-St-Zip: TAMPA, FL 33634

Title: T () Delete
Name: WINTERS, BRAD
Address: 4611 BYERLE CIR
City-St-Zip: TAMPA, FL 33634

Title: T () Delete
Name: QUINONES, ELADIO
Address: 4903 STOLLS AVE
City-St-Zip: TAMPA, FL 33615

Title: V () Delete
Name: MILLS, NANCY
Address: 11635 HIDDEN HOLLOW CIR.
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: QUINONES, ELADIO M
Address: 4903 STOLLS AVE
City-St-Zip: TAMPA, FL 33615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELADIO M. QUINONES

T

02/09/2006

Electronic Signature of Signing Officer or Director

Date