2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 706718

1. Entity Name
BAY CEIA BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
4615 GEORGE RD. TAMPA, FL 33634	4615 GEORGE RD. TAMPA, FL 33634

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01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-0995641
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

QUINONES, ELADIO M
4903 STOLLS AVE
TAMPA, FL 33615

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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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. If NOT Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	CHOATE, VIRGIL
STREET ADDRESS	10262 OASIS PALM DR
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	T
NAME	MOORE, SHARON
STREET ADDRESS	8311 NORTHBRIDGE BLVD
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	S
NAME	COLLIER, BRENDA
STREET ADDRESS	4802 EL CAPISTRANO DR
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	T
NAME	WINTERS, BRAD
STREET ADDRESS	4611 BYERLE CIR
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	T
NAME	QUINONES, ELADIO M
STREET ADDRESS	4903 STOLLS AVE
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	V
NAME	MILLS, NANCY
STREET ADDRESS	11635 HIDDEN HOLLOW CIR.
CITY-ST-ZIP	TAMPA, FL 33635

100000588605
01/16/07-80059-017 61.25

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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: Eladio M. Quinones 1/11/07 813-884-1517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #