

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000034

FILED
Jul 09, 2007
Secretary of State

Entity Name: BAY STREET COMMUNITY DEVELOPMENT CORPORATION

Current Principal Place of Business:

1301 E BAY ST
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

1301 E BAY ST
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 59-2803220 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STEVENSON, BYRON
1301 E BAY ST
WINTER GARDEN, FL 34787 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: P () Delete
Name: STEVENSON, BYRON D
Address: 1301 E BAY ST
City-St-Zip: WINTER GARDEN, FL 34787

Title: T () Delete
Name: KING, FRANCES
Address: 1663 CHRISTOPHER ST
City-St-Zip: WINTER GARDEN, FL

Title: T () Delete
Name: FLOWERS, LORETTA
Address: 1070 LINCOLN TERR
City-St-Zip: WINTER GARDEN, FL

Title: T () Delete
Name: HAYWOOD, PATRESA
Address: 7201 WOODHILL PARK DR
City-St-Zip: ORLANDO, FL

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:

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: LORETTA FLOWERS

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07/09/2007

Electronic Signature of Signing Officer or Director

Date