


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # N01000000458		
1. Entity Name THE BAYSIDE GIRL CHOIR, INC.		
Principal Place of Business 1710 N HERCULES, SUITE 112 CLEARWATER, FL 33765	Mailing Address 1710 N HERCULES, SUITE 112 CLEARWATER, FL 33765	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent POINTER, LINDA W 1710 N HERCULES, SUITE 112 CLEARWATER, FL 33765		DO NOT WRITE IN THIS SPACE
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 <u>NA</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEVILLE, PEGGY 2955 UNION ST. CLEARWATER, FL 33759	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PTICHFORD, ROBIN 1589 OAK LANE CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, RUSSELL 4800 S WESTSHORE BLVD. #724 TAMPA, FL 33611	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Linda W. Pointer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		April 26 th , 2005 727-441-10 <small>Date Daytime Phone #</small>



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3696870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/27/05-80119-019 61.25