


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 23, 2003 8:00 am
Secretary of State

05-01-2003 90300 017 ****61.25

DOCUMENT # N01000001083

1. Entity Name
BAY IN ACTION, INC.



35043279

Principal Place of Business
**1517 FRANKFORD AVENUE
PANAMA CITY FL 32405
US**

Mailing Address
**1517 FRANKFORD AVENUE
PANAMA CITY FL 32405
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **59-3701829**

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**CORBIN, FRED
1311 TENNESSEE AVE
LYNN HAVEN FL 32444**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	KANUCH, STEVE	
STREET ADDRESS	1517 FRANKFORD AVENUE	D
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	P	<input type="checkbox"/> Delete
NAME	CORBIN, FRED	
STREET ADDRESS	1311 TENNESSEE AVE	D
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	T	<input type="checkbox"/> Delete
NAME	POWERS, ANITA	
STREET ADDRESS	3900 MILANO RD	D
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	S	<input type="checkbox"/> Delete
NAME	KIRKLAND, SHERRI	
STREET ADDRESS	1419 MINNESOTA AVE	T
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	BARBOUR, MICHAEL	
STREET ADDRESS	2212 W 24TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	COLE, MATT	
STREET ADDRESS	1305 WARE DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32401	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(j), 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: SIGNATURE REQUIRED **4-26-2003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)