

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90026 031 ****70.00

DOCUMENT # N01000005052

1. Entity Name

BAY LIFE ASSEMBLY OF GOD, INC.



Principal Place of Business

**6923 SHELTON RD.
TAMPA FL 33615**

Mailing Address

**POST OFFICE BOX 261431
TAMPA FL 33685**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3307939

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NEWMAN, WAYNE C
6923 SHELTON RD.
TAMPA FL 33615**

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
Due By May 1, 2004**

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 ☐ Delete
NAME **D NEWMAN, WAYNE C**
STREET ADDRESS **15908 WINDING DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete
NAME **D POTSIC, DAVID**
STREET ADDRESS **6041 LANSHIRE DRIVE**
CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ Delete
NAME **D MCDONALD, KEN**
STREET ADDRESS **8719 EXPOSITION DRIVE**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE ☐ Delete
NAME **D CASTILLE, GARY**
STREET ADDRESS **6707 RANGER DR.**
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Delete
NAME **D NIEVES, JOSEPH**
STREET ADDRESS **665 DEER RUN N.**
CITY-ST-ZIP **PALM HARBOR FL. 34684**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **D NIEVES JOSEPH**
STREET ADDRESS **665 DEER RUN N.**
CITY-ST-ZIP **PALM HARBOR FL. 34684**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(i), 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: WAYNE C. NEWMAN *Wayne C Newman* **24 FEB 04** **(813) 884-3696**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #