# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 14, 2006**
**Secretary of State**

DOCUMENT# N01000005052

**Entity Name:** BAY LIFE ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

6923 SHELDON RD.
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 261431
TAMPA, FL 33685

**New Mailing Address:**

**FEI Number: 59-3307939** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEWMAN, WAYNE C
6923 SHELDON RD.
TAMPA, FL 33615 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: | D | ( ) Delete |
| Name: | NEWMAN, WAYNE C | |
| Address: | 15908 WINDING DRIVE | |
| City-St-Zip: | TAMPA, FL 33624 | |
| Title: | D | ( ) Delete |
| Name: | POTSIC, DAVID | |
| Address: | 6041 LANSHIRE DRIVE | |
| City-St-Zip: | TAMPA, FL 33624 | |
| Title: | D | ( ) Delete |
| Name: | MC DONALD, KEN | |
| Address: | 3617 AUSTIN RANGE DR | |
| City-St-Zip: | LAND O LAKES, FL 34639 | |
| Title: | D | ( ) Delete |
| Name: | EASTILLE, GARY | |
| Address: | 5803 AVENTURA CT | |
| City-St-Zip: | TAMPA, FL 33625 | |
| Title: | D | ( ) Delete |
| Name: | NIEVES, JOSEPH | |
| Address: | 665 DEER RUN N. | |
| City-St-Zip: | PALM HARBOR, FL 34684 | |

**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: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE NEWMAN D 04/14/2006

Electronic Signature of Signing Officer or Director — Date