


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90377 003 \*\*\*\*70.00

|  |   |   |  |   |   |
|--|---|---|--|---|---|
| <b>DOCUMENT # N01000005052</b><br>1. Entity Name<br><b>BAY LIFE ASSEMBLY OF GOD, INC.</b>  |   |   |  |    |   |
| Principal Place of Business<br><b>6923 SHELDON RD.<br/>TAMPA, FL 33615</b>   |   |   | Mailing Address<br><b>POST OFFICE BOX 261431<br/>TAMPA, FL 33685</b> |   |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |   |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |   |   |
| City & State   |   | City & State  |  | 4. FEI Number<br><b>59-3307939</b>  |   |
| Zip  |   | Country   |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |
| 6. Name and Address of Current Registered Agent<br><br><b>NEWMAN, WAYNE C<br/>6923 SHELDON RD.<br/>TAMPA, FL 33615</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |   |   |  |   |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |   |
| <b>Make check payable to<br/>Florida Department of State</b>   |   |   |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>         |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>NEWMAN, WAYNE C<br>15908 WINDING DRIVE<br>TAMPA, FL 33624        | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CRUZ, REYNALDO<br>7515 ARMAND CIRCLE<br>TAMPA FL 33634       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>POTSIC, DAVID<br>6041 LANSHIRE DRIVE<br>TAMPA, FL 33624          | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BECKER, RICHARD<br>10601 OUT ISLAND DR<br>TAMPA FL 33615     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>MC DONALD, KEN<br>3617 AUSTIN RANGE DR<br>LAND O LAKES, FL 34639 | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CASTILLE, GARY<br>5803 AVENTURA CT<br>TAMPA, FL 33625            | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>CASTILLE GARY<br>5803 AVENTURA CT<br>TAMPA FL 33625          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>NIEVES, JOSEPH<br>665 DEER RUN N.<br>PALM HARBOR, FL 34684       | <input checked="" type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |   |   |  |   |   |
| <b>SIGNATURE: <u>Wayne C Newman</u> WAYNE C. NEWMAN 1 MAR 07 (813) 263 5670</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |  |   |   |