2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008
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 (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: CRUZ, REYNOLDO
Address: 7515 ARMAND CIRCLE
City-St-Zip: TAMPA, FL 33634

Title: D ( ) Delete
Name: BECKER, RICHARD
Address: 10601 OUT ISLAND DR
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete
Name: CASTILLE, GARY
Address: 5803 AVENTURA CT
City-St-Zip: TAMPA, FL 33625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: MONTEVAGO, PETER
Address: 12029 SANCHALIFORD CT
City-St-Zip: TAMPA, FL 33626

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

I hereby certify that the information supplied with this filing does not qualify 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 C NEWMAN PAST 07/24/2008

Electronic Signature of Signing Officer or Director — Date