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Sep 28, 2004 8:00 am
Secretary of State
08-13-2004 90073 026 ****70.00

8/13/

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004851

1. Entity Name
THE BAY INSTITUTE, INC.

S6434221

Principal Place of Business	Mailing Address
306 LAKEVIEW CIRCLE PANAMA CITY BEACH, FL 32413	306 LAKEVIEW CIRCLE PANAMA CITY BEACH, FL 32413

03102004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1182351 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONNER, MELISSA A 306 LAKEVIEW CIRCLE PANAMA CITY BEACH, FL 32413	Name: Jones, Melissa A. Street Address (P.O. Box Number is Not Acceptable): 306 Lakeview Circle City: Panama City Beach FL Zip Code: 32413-2474

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: Melissa A Jones DATE: April 28, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	GAGER, LYNN L		NAME	Cherry, Lynn L.	
STREET ADDRESS	120 TREASURE PALM DRIVE		STREET ADDRESS	303 Red Water Road	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408		CITY-ST-ZIP	~~Wake Village, TX 75501~~	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VARNADO, ROY T		NAME		
STREET ADDRESS	8730 THOMAS DRIVE STE 509		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JACK, ELKIN T		NAME		
STREET ADDRESS	338 SOUTH MACARTHUR		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	CONNER, MELISSA A		NAME	Jones, Melissa A.	
STREET ADDRESS	306 LAKEVIEW CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Melissa A Jones 4/28/2004 (850)622-2038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #