

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004851

FILED
Apr 20, 2005
Secretary of State

Entity Name: THE BAY INSTITUTE, INC.

Current Principal Place of Business:

306 LAKEVIEW CIRCLE
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

306 LAKEVIEW CIRCLE
PANAMA CITY BEACH, FL 32413

New Mailing Address:

FEI Number: 65-1182351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONNER, MELISSA A
306 LAKEVIEW CIRCLE
PANAMA CITY BEACH, FL 324132474 US

Name and Address of New Registered Agent:

JONES, MELISSA A
306 LAKEVIEW CIRCLE
PANAMA CITY BEACH, FL 324132474 US

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: MELISSA A. JONES

04/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHERRY, LYNN L
Address: 303 RED WATER ROAD
City-St-Zip: WAKE VILLAGE, TX 75501

Title: D () Delete
Name: VARNADO, ROY T
Address: 8730 THOMAS DRIVE STE 509
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: D () Delete
Name: JACK, ELKIN T
Address: 338 SOUTH MACARTHUR
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: JONES, MELISSA A
Address: 306 LAKEVIEW CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32413

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MELISSA A. JONES

D

04/20/2005

Electronic Signature of Signing Officer or Director

Date