

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90114 021 ****61.25

DOCUMENT # N03000007838

1. Entity Name
BAY CITY BALLERS, INC.



Principal Place of Business
**3045 LOCKWOOD MEADOWS BLVD.
SARASOTA, FL 34234**

Mailing Address
**3045 LOCKWOOD MEADOWS BLVD.
SARASOTA, FL 34234**

50054530



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

06302005 Chg-NP CR2E037 (10/03)

4. FEI Number
56-2419893

Applied For
Not Applicable

Zip Country

Zip Country

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

**JONES, JOHN
3045 LOCKWOOD MEADOWS BLVD.
SARASOTA, FL 34234**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

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
NAME **JONES, JOHN**
STREET ADDRESS **3045 LOCKWOOD MEADOWS BLVD.**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **D** ☐ Change ☒ Addition
NAME **TREVOR D. HARVEY**
STREET ADDRESS **2152 21st Street**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **D** ☐ Delete
NAME **JONES, MARILYN**
STREET ADDRESS **3045 LOCKWOOD MEADOWS BLVD.**
CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CONNELLY, PAUL**
STREET ADDRESS **4113 73RD TERRACE**
CITY-ST-ZIP **SARASOTA, FL 34243**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DOBLE, VICKI**
STREET ADDRESS **5594 SIESTA ESTATES COURT**
CITY-ST-ZIP **SARASOTA, FL 34242**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/30/05

941-366-3955