

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000007838

1. Entity Name  
BAY CITY BALLERS, INC.



Principal Place of Business  
2752 21ST STREET  
SARASOTA, FL 34234

Mailing Address  
2752 21ST STREET  
SARASOTA, FL 34234

**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**



07232008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-2419893

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, TREVOR D  
2752 21ST STREET  
SARASOTA, FL 34234

**DO NOT WRITE  
IN THIS SPACE**

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 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE DS  
NAME DOBLE, VICKI  
STREET ADDRESS 5594 SIESTA ESTATES COURT  
CITY-ST-ZIP SARASOTA, FL 34242

TITLE P  
NAME HARVEY, TREVOR D  
STREET ADDRESS 2752 21ST STREET  
CITY-ST-ZIP SARASOTA, FL 34234

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/23/08