

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90347 012 ****70.00

DOCUMENT # N04000002138

1. Entity Name

BAY FOREST COMMUNITY CHURCH INCORPORATED



Principal Place of Business

**6058 50TH AVE. N.
KENNETH CITY FL 33709-3523**

Mailing Address

**6058 50TH AVE. N.
KENNETH CITY FL 33709-3523**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 28463
Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/04)

City & State

Zip

Country

City & State

Zip

Country

St. Petersburg FL
33704 **USA**

4. FEI Number

20-0758351

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SLOAN, EDWIN
6058 50TH AVE. N.
KENNETH CITY FL 33709-3523**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 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

TITLE **D** ☐ Delete
NAME **SLOAN, EDWIN**
STREET ADDRESS **6058 50TH AVE. N.**
CITY-ST-ZIP **KENNETH CITY FL 33709-3523**

TITLE **S** ☒ Delete
NAME **KYLE, MERCELE**
STREET ADDRESS **PO BOX 4340**
CITY-ST-ZIP **SEMINOLE FL 33775**

TITLE **T** ☒ Delete
NAME **MALAPIRA, MARIA**
STREET ADDRESS **3429 RIDGE BLVD.**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **S** ☒ Change ☐ Addition
NAME **Alison Pryski**
STREET ADDRESS **709 Cordova Greens**
CITY-ST-ZIP **Largo, FL 33777**

TITLE **T** ☒ Change ☐ Addition
NAME **Deborah Pendergrass**
STREET ADDRESS **166 14th Ave. NE**
CITY-ST-ZIP **St. Petersburg, FL 33701**

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

TITLE ☐ Change ☐ Addition
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: Edwin A. Sloan Jr. 04-15-05 727-548-9852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #