


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90006 045 ****61.25

| | | | |
|--|---------|--|---------|
| DOCUMENT # N05522 | |  | |
| 1. Entity Name THE BAY POINT ANTERIOR SEGMENT SYMPOSIUM, INC. | | | |
| Principal Place of Business HARBOR VILLAS 4237 BAY POINT RD. PO BOX 28389 BAY POINT PANAMA CITY BEACH FL 32411 | | Mailing Address HARBOR VILLAS 4237 BAY POINT RD. PO BOX 28389 BAY POINT PANAMA CITY BEACH FL 32411 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E037 (10/06)

| | | | |
|--|--|--|--|
| 4. FEI Number 59-2480516 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOLINARI, DR. JOSEPH F. 184 MARLIN CIRCLE PANAMA CITY FL 32411 | | 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]

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

(NOTE: Registered Agent signature required when reappointing)

DATE

10 Feb 07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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 <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROWEY, JOSEPH | NAME | |
| STREET ADDRESS | 148 SOCIAL ST. | STREET ADDRESS | |
| CITY-ST-ZIP | WOORECKET RI 02895 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHANG, FREDDY W | NAME | |
| STREET ADDRESS | 1245 MADISON AVENUE | STREET ADDRESS | |
| CITY-ST-ZIP | MEMPHIS TN 38104 | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARSAESS, DONNA M | NAME | |
| STREET ADDRESS | 29 PINEHEDGE RD | STREET ADDRESS | |
| CITY-ST-ZIP | OXFORD MA 01540 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME | Director |
| STREET ADDRESS | | STREET ADDRESS | MOLINARI, Joseph F. |
| CITY-ST-ZIP | | CITY-ST-ZIP | 184 Marlin Circle |
| | | | Panama City FL 32411 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Section 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 Feb 07

850 234-0615

Date

Daytime Phone #