

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001789

FILED
May 29, 2008
Secretary of State

Entity Name: BAY COMMUNITY SCHOOL OF APALACHICOLA, INC.

Current Principal Place of Business:

135 AVENUE D
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

PO BOX 1057
APALACHICOLA, FL 32329

New Mailing Address:

FEI Number: 20-4336568 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRIEDMAN, MARK W
219 AVENUE E
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: FRIEDMAN, HEATHER O
Address: PO BOX 896
City-St-Zip: APALACHICOLA, FL 32329

Title: D () Delete
Name: ALFORD, COURTNEY
Address: PO BOX 1057
City-St-Zip: APALACHICOLA, FL 32329

Title: D () Delete
Name: GETTER, MARISA
Address: PO BOX 1057
City-St-Zip: APALACHICOLA, FL 32329

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ALFORD, COURTNEY
Address: PO BOX 1057
City-St-Zip: APALACHICOLA, FL 32329

Title: P (X) Change () Addition
Name: GETTER, MARISA
Address: PO BOX 1057
City-St-Zip: APALACHICOLA, FL 32329

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MARK W. FRIEDMAN, CPA

RA

05/29/2008

Electronic Signature of Signing Officer or Director

Date