

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001789

FILED  
Jan 30, 2009  
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:**

184 FRED MEYER STREET  
APALACHICOLA, FL 32320

**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 ( )**

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

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

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: MARISA GETTER

P

01/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date