


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90017 005 \*\*\*\*70.00

<b>DOCUMENT # N06000010079</b>					
1. Entity Name <b>BAYSIDE COMMUNITY CHURCH OF FREEPORT, SBC, INC.</b>					
Principal Place of Business <b>675 BAY GROVE ROAD FREEPORT, FL 32439</b>			Mailing Address <b>675 BAY GROVE ROAD FREEPORT, FL 32439</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02192007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>20-5561688</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>LEA, JAY C 675 BAY GROVE ROAD FREEPORT, FL 32439</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	P/D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEA, JAY C	NAME			
STREET ADDRESS	675 BAY GROVE ROAD	STREET ADDRESS			
CITY-ST-ZIP	FREEPORT, FL 32439	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEA, LISA	NAME			
STREET ADDRESS	675 BAY GROVE ROAD	STREET ADDRESS			
CITY-ST-ZIP	FREEPORT, FL 32439	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRISON, STACEY	NAME	MORRISON, STACEY		
STREET ADDRESS	5113 ROCK HILL ROAD	STREET ADDRESS	55 VAN BUREN AVE		
CITY-ST-ZIP	PONCE DE LEON, FL 32455	CITY-ST-ZIP	FREEPORT FL 32439		
TITLE	D <input type="checkbox"/> Delete	TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NICHOLS, BEVERLY	NAME			
STREET ADDRESS	79 NIKKI CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	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			
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 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:** *Lisa Lea Lisa Lea*      2-23-07      850-835-1780