

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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1. Entity Name
BAYSIDE COMMUNITY CHURCH OF FREEPORT, SBC, INC.



Principal Place of Business
**675 BAY GROVE ROAD
FREEPORT, FL 32439**

Mailing Address
**675 BAY GROVE ROAD
FREEPORT, FL 32439**



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

02192007 Chg-NP CR2E037 (12/06)

4. FEI Number

20-5561688

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEA, JAY C
675 BAY GROVE ROAD
FREEPORT, FL 32439**

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

**Filing 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

TITLE **D** ☐ Delete
NAME **LEA, JAY C**
STREET ADDRESS **675 BAY GROVE ROAD**
CITY-ST-ZIP **FREEPORT, FL 32439**

TITLE **D** ☐ Delete
NAME **LEA, LISA**
STREET ADDRESS **675 BAY GROVE ROAD**
CITY-ST-ZIP **FREEPORT, FL 32439**

TITLE **D** ☐ Delete
NAME **MORRISON, STACEY**
STREET ADDRESS **5113 ROCK HILL ROAD**
CITY-ST-ZIP **PONCE DE LEON, FL 32455**

TITLE **D** ☐ Delete
NAME **NICHOLS, BEVERLY**
STREET ADDRESS **79 NIKKI CIRCLE**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

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 **P/D/C** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/D** ☒ Change ☐ Addition
NAME **MORRISON, STACEY**
STREET ADDRESS **55 VAN BUREN AVE**
CITY-ST-ZIP **FREEPORT FL 32439**

TITLE **T/D** ☒ 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 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