2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 20, 2005 8:00 am
Secretary of State
04-04-2005 90062 031 ****61.25

DOCUMENT # N06600

1. Entity Name
NORTH BAY FLOTILLA, INC.

Principal Place of Business	Mailing Address
600 REDWOOD AVE. P.O. BOX 864 NICEVILLE FL 32588-6533	600 REDWOOD AVE. P.O. BOX 864 NICEVILLE FL 32588-6533

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
PO Box 1636	PO Box 1636
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crestview, FL	City & State: Crestview, FL
Zip: 32536 Country: USA	Zip: 32536 Country: USA

4. FEI Number: 59-2721520 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GIVENS, JOHN W. NORTHWEST CORNER OF REDWOOD AVE.& 19TH ST. NICEVILLE FL 32578	Name: Stephen R. Hays Street Address (P.O. Box Number is Not Acceptable): PO Box 1636 2871 SILVER HILLS ST. City: Crestview FL Zip Code: 32536

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: Stephen R. Hays 23 FEB 05
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STRONKO, JOE 2054 KILDARE CIRCLE NICEVILLE FL 32578	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Lulue, John 2805 W. Hwy 98 Mary Esther, FL 32569	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GIVENS, JOHN W. PO BOX 864, NA NICEVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Givens, John W. PO Box 864 Niceville, FL 32588	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DONZE, EDW. A 54 TENTH ST SHALIMAR FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Hays, Stephen PO Box 1636 Crestview, FL 32536	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stephen R. Hays 23 FEB 05 8506826622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #