## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

	03 NOT-FOR-PROI NIFORM BUSINES	FILED Apr 16, 2003 8:00 am § Secretary of State							
DOCUMENT # N30015  1. Entity Name					Se	cretai	ry of Sta	ate	
					04-16-2003 90179 016 ****61.25				
THE BAY									
C/O SECRETARY/TREASURER C/O SE P. O. BOX 696 P. O. B		Mailing Address C/O SECRETARY/TREASURE P. O. BOX 696 PANAMA CITY FL 32402 US	ECRETARY/TREASURER BOX 696						
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	- <del></del>		□ c	HECK HERE IF	MAKING CHANGES	3	
City & State		City & State			4. FEI Number 59-2958005			Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Sta	tus Desired	\$8.75 Ac	lditional	1
<del></del> _	6. Name and Address of Current Re	Registered Agent			7. Name and Address of New Registered Agent				1
			Name			<u> </u>			[
GAY, SHONNA YOUNG 229 MOKINZIE AVENUE  CKENZIE AVENUE			Street	Address (f	O. Box Number is N	ot Acceptable)			
	CITY FL 32401	-				1			1
			City		·	-	FL Zip Coo	de	
	e named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and		registered office (			e State of Florid	a. I am familiar with	and accept	
FILE NOW: FEE IS \$61.25			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 DIREC	TORS	11.	Α	DDITIONS/CHANGE	S TO OFFICERS	AND DIRECTORS IN	V 10	ĺ
TITLE	PD	☐ Delete	TITLE	D			<b>⊊</b> Change	☐ Addition	0/05
NAME <sup>*</sup>	GAY, SHONNA Y		NAME	GAY	, SHONNA Y.	ı			[윤
CITY-ST-ZIP	229 MCKINZIE AVENUE PANAMA CITY FL 32401		STREET ADDRESS CITY-ST-ZIP	227	McKenzie A	1			93
	D	₹7 p(-1-	<del>-</del>		ama City, F	32401	☐ Change	<b>▼</b> Addition	CR2E037 (1
TITLE NAME	MCINTOSH, KELLY	🔀 Delete	TITLE NAME	STD	de, Jerry W	!	∟ Change	XT vaginan	5
STREET ADDRESS	315 E 4TH ST		STREET ADDRESS		East 4th Si				
CITY-ST-ZIP	PANAMA CITY FL		CITY-ST-ZIP		ama City, Fl		,		
TITLE	D	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	]
NAME	SYFRETT, KIMBERLY J	er e i menga i seria	NAME	**************************************	الراسمة والمساؤات	~			
STREET ADDRESS CITY-ST-ZIP	757 JENKS AVENUE PANAMA CITY FL 32401	·	STREET ADDRESS CITY-ST-ZIP						
TITLE	VPD	□ Delete	TITLE	- DD	₩-	<del>!</del>	<b>▼</b> Change	☐ Addition	1
NAME	MEREDITH, MATT	□ Delete	NAME	PD	edith, Matt	ĺ	¥ ∩ cuange	L_ AQUIDON	
STREET ADDRESS	432 MASNDEA AVE		STREET ADDRESS		Masndea Ave	nue lis l	EAST LAL C	D.Film	
CITY-ST-ZIP	PANAMA CITY FL 32401		CITY-ST-ZIP	Pana	ama City, FI	32401			
TITLE	STD	☐ Delete	TITLE	VPD	· • • • • • • • • • • • • • • • • • • •		<b>∑</b> Change	☐ Addition	`
NAME STREET ADDRESS	BURLEE, MIKE		NAME		ke, Mike		•		
STREET ADDRESS CITY-ST-ZIP	221 MCKENZIE PANAMA CITY FL 32401		STREET ADDRESS CITY-ST-ZIP		McKenzie Av				
				I Pana	ama Citer DI	22401			

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

SYFRETT, CLAYTON

311 MAGNOLIA AVENUE

PANAMA CITY FL 32401

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Panama City

☐ Change

☐ Addition