

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90184 038 ****61.25

DOCUMENT # N35053

1. Entity Name
BAY STREET PLAYERS, INC.



Principal Place of Business
**109 NORTH BAY STREET
EUSTIS, FL 32727-1405**

Mailing Address
**P. O. BOX 1405
EUSTIS, FL 32727-1405**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

59-1789108

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CARPENTER, DEBORAH
32007 BLUE GILL DR
TAVARES, FL 32778**

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

Deborah Carpenter

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **RICHARDS, ASHLEY**
STREET ADDRESS **6135 SPRING LAKE DR**
CITY - ST - ZIP **FRUITLAND PARK, FL 3473**

TITLE **VP** ☒ Change ☒ Addition
NAME **SARA JANE OLSEN**
STREET ADDRESS **32132 Perch Ave**
CITY - ST - ZIP **TAVARES, FL 32778**

TITLE **PD** ☒ Delete
NAME **JENNESS, KEVIN**
STREET ADDRESS **36309 BRENDEN SHIRE COURT**
CITY - ST - ZIP **GRAND ISLAND, FL 32735**

TITLE **PD** ☒ Change ☒ Addition
NAME **Stephen Toth**
STREET ADDRESS **19407 Spring Oak Dr**
CITY - ST - ZIP **Eustis, FL 327**

TITLE **SD** ☐ Delete
NAME **MARZEK, DONNA**
STREET ADDRESS **33201 LAKE BEND CIR**
CITY - ST - ZIP **LEESBURG, FL 34788**

TITLE **P** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **EXD** ☐ Delete
NAME **SCHOLL, ELIZABETH**
STREET ADDRESS **2782 MARSH WREN CIRCLE**
CITY - ST - ZIP **LONGWOOD, FL 32779**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **D** ☐ Delete
NAME **CARPENTER, DALE R**
STREET ADDRESS **32007 BLUEGILL DRIVE**
CITY - ST - ZIP **TAVARES, FL 32778**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **TD** ☒ Delete
NAME **BAKICK, STEPHANIE**
STREET ADDRESS **36049 CLEAR LAKE DR**
CITY - ST - ZIP **EUSTIS, FL 32736**

TITLE **TR** ☒ Change ☒ Addition
NAME **Michael Scholl**
STREET ADDRESS **2782 Marsh Wren Circle**
CITY - ST - ZIP **Longwood, FL 32779**

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:

Stephen M Toth **STEPHEN M TOTH**

Date

Daytime Phone #

1/16/07 352-357-1749