


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90115 019 ****61.25

DOCUMENT # N35919 1. Entity Name BAY PINES FOUNDATION, INC.					
Principal Place of Business BUILDING 22, ROOM 134 10000 BAY PINES BOULEVARD BAY PINES, FL 33744 US			Mailing Address P.O. BOX 416 BAY PINES, FL 33744 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3018477	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DOWLING, RUTH A OFFICE OF REGIONAL COUNSEL 10000 BAY PINES BLVD., BLDG. 22 ST. PETERSBURG, FL 33708				7. Name and Address of New Registered Agent Name Senseman, Cristine D. Street Address (P.O. Box Number is Not Acceptable) Building 22, Room 338 10000 Bay Pines Boulevard City Bay Pines, FL Zip Code 33744	
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 Cristine D. Senseman <i>CD Senseman</i> 3-1-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D VAN BUSKIRK, GEORGE P.O. BOX 416 BAY PINES, FL 33744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M Madison, Christa A. P.O. Box 416 Bay Pines, FL 33744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVENSON, MARY M P.O. BOX 416 BAY PINES, FL 33744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Atkinson, Larry S. P.O. Box 416 Bay Pines, FL 33744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLETIC, RUDOLPH P.O. BOX 416 BAY PINES, FL 33744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Hopkins, Wallace M. P.O. Box 416 Bay Pines, FL 33744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAW, DAVID H P.O. BOX 416 BAY PINES, FL 33744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McArdle, Rachel A. P.O. Box 416 Bay Pines, FL 33744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, HUGO L. P.O. BOX 416 BAY PINES, FL 33744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, FREDRICK P.O. BOX 416 BAY PINES, FL 33744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 an other like empowered.					
SIGNATURE: Christa A. Madison, Executive Director <i>Christa A. Madison</i> 2/28/06 (727) 398-6661 x4385 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					