




# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90028 042 \*\*\*\*61.25

<b>DOCUMENT # N35919</b> 1. Entity Name <b>BAY PINES FOUNDATION, INC.,</b>					
Principal Place of Business <b>BUILDING 22, ROOM 134          10000 BAY PINES BOULEVARD          BAY PINES, FL 33744 US</b>				Mailing Address <b>P.O. BOX 416          BAY PINES, FL 33744 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>40066303</b>  	
City & State		City & State		01292008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-3018477</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MULCAHY, KAREN          BLDG 22 RM 333          10000 BAY PINES BLVD.          BAY PINES, FL 33744</b>				7. Name and Address of New Registered Agent Name <b>Dowling, Ruth A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Bldg 22, Rm 331</b> <b>10000 Bay Pines Blvd.</b> City <b>Bay Pines</b> <b>FL</b> Zip Code <b>33744</b>	
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 <b>Ruth A. Dowling</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		 <small>(NOTE: Registered Agent signature required when registering)</small>		<b>2/26/08</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
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	C Hopkins, Wallace M. 10000 Bay Pines Blvd. Bay Pines, FL 33744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINSON, LARRY S P.O. BOX 416 BAY PINES, FL 33744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edmunds, Frank P. 10000 Bay Pines Blvd. 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Payne, Wyatt G. 10000 Bay Pines Blvd. 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	MD Madison, Christa A. 10000 Bay Pines Blvd. 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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Van Buskirk, George 10000 Bay Pines Blvd. Bay Pines, FL 33744	<input checked="" 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	D Atkinson, Larry S. 10000 Bay Pines Blvd. Bay Pines, FL 33744	<input checked="" 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 all other like empowered.					
<b>SIGNATURE: Christa A. Madison, Executive Director</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<b>02/26/2008</b> <small>Date</small>				<b>727-398-6661</b> <small>Daytime Phone #</small>	