


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90062 009 ****61.25

DOCUMENT # N46558			
1. Entity Name BAYSHORE CHRISTIAN SCHOOL, INC.			
Principal Place of Business 3909 S MACDILL AVE TAMPA, FL 33611		Mailing Address 3909 S MACDILL AVE TAMPA, FL 33611	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WRIGHT, ALAN 3909 S. MACDILL AVE. TAMPA, FL 33611		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 <i>W. Alan Wright</i>		W. ALAN WRIGHT, Business Manager 3-9-06	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENTENMAN, RAY	NAME	BURKETT, SCOTT
STREET ADDRESS	3620 S. MACDILL AVE., APT 1	STREET ADDRESS	PO BOX 19295
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP	TAMPA, FL 33686
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRBY, BLANE	NAME	JOHNSON, BILL
STREET ADDRESS	3208 ROGERS	STREET ADDRESS	4613 S. MATANZAS AVE
CITY-ST-ZIP	TAMPA, FL 33611	CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMENANSKY, MELANIE	NAME	MITCHEM, MIKE
STREET ADDRESS	3418 W. HAWTHORNE RD	STREET ADDRESS	3010 MALIJO AVE
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP	TAMPA FL 33629
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, DONNA	NAME	
STREET ADDRESS	3601 S GARDENIA	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYERMAN, BRENT	NAME	
STREET ADDRESS	4709 SAN RAFAEL	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Donna C. Brooks</i>		3/9/06 (813) 839-4297	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	