



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90305 006 ****61.25

DOCUMENT # N92000000991 1. Entity Name BAY POINT SCHOOLS, INC.					
Principal Place of Business 25005 SW 133RD AVE. MIAMI, FL 33032 US			Mailing Address 25005 SW 133RD AVE. MIAMI, FL 33032 US		
2. Principal Place of Business 22025 SW 87 AVE		3. Mailing Address 22025 SW 87 AVE		<div style="font-size: 24px; font-weight: bold;">94055845</div> 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33190		Country USA		4. FEI Number 65-0388436	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		01232004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent COLE, MARY L 25005 SW 133RD AVE MIAMI, FL 33032				7. Name and Address of New Registered Agent Name DR MARY LOUISE COLE Street Address (P.O. Box Number is Not Acceptable) 22025 SW 87 AVENUE City MIAMI FL Zip Code 33190	
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 <u><i>Mary Louise Cole</i></u> DR MARY LOUISE COLE, PRESIDENT / CEO APRIL 14th 2004 <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, 2004		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	CD PETERSON, THOMAS 3300 NW 27TH AVE MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN JOSEPH P. KLOCK. 200 SOUTH BISCAYNE BOULEVARD MIAMI, FL, 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN BYLEVELT, LLOYD 1900 BISCAYNE BOULEVARD MIAMI, FL 33130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE MARY LOUISE 22025 SW 87 AVE MIAMI FL 33190.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, MARY LOUISE 25005 SW 133 AVE MIAMI, FL 33032	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE MARY LOUISE 22025 SW 87 AVE MIAMI FL 33190.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, MARY LOUISE 25005 SW 133 AVE MIAMI, FL 33032	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE MARY LOUISE 22025 SW 87 AVE MIAMI FL 33190.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE, MARY LOUISE 25005 SW 133 AVE MIAMI, FL 33032	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLE MARY LOUISE 22025 SW 87 AVE MIAMI FL 33190.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE: <u><i>Mary Louise Cole</i></u> DR MARY LOUISE COLE 4/14/04 3052513112 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					