Applied For

✓ Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

30

83

DOCUMENT # N93000000287

Country

9. Name and Address of Current Registered Agent

25

Zip

CERTALICH, LYNN 6546 KEIBER CIRCLE

YOUNGSTOWN FL 32466

24

1. Corporation N	Name			
BAYOH GI	EORGE ATHLETIC ASS	COCIATIO	INC.	
טאוטט טו	ECHAL ATTILLTIO ACC	OUNTIC) 4 4O·	
			W A d d	
Principal Place of Business		м	ailing Address	
6010 JAYCEE DR	IVE	PO BOX 1005		
(BALL PARK)		Y	Dungstown FL 324	66
YOUNGSTOWN F	L 32466			
2. Principal Plac	e of Business	2a.	Mailing Address	
21		26		
Suite, Apt. #,	etc.		Suite, Apt. #, etc.	
22		27		
City & State			City & State	
23		28		
Zip.	Country		Zip	Country

29

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90111 027 ****61.25

|--|--|

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Dore

10. Name and Address of New Registered Agent

Trust Fund Contribution

01/22/1993 4. FEI Number

59-2440058

Street Address (P.O. Box Number is Not Acceptable)

3/013-30114 --

1			84 City	unstown F	L 85 Zip C	ode 4/a/a				
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-damed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Segion 617.0503, Florida Statutes.										
SIGNATURE Signature, typed or printed name of regulstered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE OATE										
12.	FFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A						
TITLE	PD`	☑ DELETE	1.1 TITLE	Po	(L) Change	Z J-⊀ddition				
NAME	CERTALICH, LYNN		1.2 NAME	Danny Borel						
STREET ADDRESS	6546 KEIBER CIRCLE		1.3 STREET ADDRESS	9010 HW4 2301		٠.,٠				
CITY-ST-ZIP	YOUNGSTOWN FL 32466	_	1.4 CITY-ST-ZIP	Youngstown Fl. 324/66						
TITLE	SD	DELETE	2.1 TITLE	50	Change	Addition				
NAME	JONES, CINDY		2.2 NAME	stella pippin						
STREET ADDRESS	8719 CHARLES JR RD.		2.3 STREET ADDRESS	stella pippin 5711 Bayou George Dr.						
CITY-ST-ZIP	YOUNGSTOWN FL 32466		2.4 CITY-ST-ZIP	PANAMA City Fl. 32404						
TITLE	TD	DELETE	3.1 TITLE	-179	☑ Change	Addition				
NAME	AUSHERMAN, BELINDA		3.2 NAME	megan mcinury						
STREET ADDRESS	6949 KEIBER CIRCLE	İ	3.3 STREET ADDRESS	megan mcMurry 1206 Road Runner Rd.		,				
CITY-ST-ZIP	YOUNGSTOWN FL 32466		3.4, CITY-ST-ZIP	voungstown - F/. 324ldo						
TITLE		☐ DELETE	4.1 TITLE		Change	Addition				
NAME			4. 2 NAME							
STREET ADDRESS			4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY-ST-ZIP							
TITLE		DELETE	5.1 TITLE		Change	Addition				
NAME			5.2 NAME		` ` `					
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP			_				
TITLE		☐ DELETE	6.1 TTLE		Change	☐ Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY-ST-ZIP			6.4 CITY-ST-ZIP							

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: