2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000003018

1. Entity Name
FLORIDA BAY INITIATIVE, INC.

Principal Place of Business	Mailing Address
515 FLAGLER DR 1700 WEST PALM BEACH, FL 33401 US	515 FLAGLER DR 1700 WEST PALM BEACH, FL 33401 US

02022004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0424515
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, JAMES M
515 FLAGLER DR
1700
WEST PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000034795
02/05/04-80099-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	THOMAS, ROBERT
STREET ADDRESS	40 RANCH ROAD
CITY-ST-ZIP	THOHOOTTONASSA, FL 33592
TITLE	VP
NAME	HOFFACKER, ALLEN
STREET ADDRESS	1625 HENDRY ST. SUITE 201
CITY-ST-ZIP	FT MYERS, FL
TITLE	DP
NAME	LASSARD, KARL
STREET ADDRESS	809 LIME LN
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	DT
NAME	KIPP, JOHN M
STREET ADDRESS	PO BOX 1124 N/A
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/2/04 561 762 7864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #