

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003018

FILED
May 01, 2005
Secretary of State

Entity Name: FLORIDA BAY INITIATIVE, INC.

Current Principal Place of Business:

515 FLAGLER DR
1700
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

7607 PRESERVE CT
WEST PALM BEACH, FL 33412 US

Current Mailing Address:

515 FLAGLER DR
1700
WEST PALM BEACH, FL 33401 US

New Mailing Address:

1030 NORTHLAKE BLVD
SUITE 214-188
WEST PALM BEACH, FL 33412 US

FEI Number: 65-0424515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HARVEY, JAMES M
10130 NORTHLAKE BLVE
SUITE 214-1288
WEST PALM BEACH, FL 33412 US

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.

SIGNATURE:

05/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: THOMAS, ROBERT
Address: 40 RANCH ROAD
City-St-Zip: THOHOOTONASSA, FL 33592

Title: VP () Delete
Name: HOFFACKER, ALLEN
Address: 1625 HENDRY ST. SUITE 201
City-St-Zip: FT MYERS, FL

Title: DP () Delete
Name: LASSARD, KARL
Address: 809 LIME LN
City-St-Zip: MARATHON, FL 33050

Title: DT () Delete
Name: KIPP, JOHN M
Address: PO BOX 1124 N/A
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES M HARVEY

RA

05/01/2005

Electronic Signature of Signing Officer or Director

Date