Applied For

X Not Applicable

\$8.75 Additional

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600000117

22

City & State

BAY SAILORS, INCORPORATED

| Principal Place of Business | Mailing Address | |
|-------------------------------------|--------------------------------------|--|
| 4119 MURIEL PLACE TAMPA FL 33614 | P O BOX 25101 TAMPA FL 33622-5101 | |
| | PO BOX 47396G | |
| | FL. 33743 | |
| Principal Place of Business | 2a. Mailing Address | |
| 21 | 26 | |
| Suite, Apt, #, etc. | Suite, Apt. #, etc. | |

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City & State

FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90150 035 ****61.25



3. Date Incorporated or Qualifed

NOT APPLICABLE

01/02/1996 4. FEI Number

| 23 | - | 28 | | | | 5. Certificate of Status Desired | | Fee | Required | | |
|--|--|----------------------------|----------------|-----------|--|--|----------|----------------------|-----------------------------------|--|--|
| Zip | Country 25 | Zip | Cour | ntry | | Election Campaign Financing Trust Fund Contribution | | | 00 May Be led to Fees | | |
| 24 25 29 30 30 9. Name and Address of Current Registered Agent | | | 130 | | 10. Name and Address of New Registered Agent | | | | | | |
| | 5. Name and Address of Current | Kedistores Agont | | 81 | Name | | | | | | |
| BORDERS, CAROLYN T | | | _ | | | | | | | | |
| | | | 82 | Street A | Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 2602 CLARK RD TAMPA FL 33618 | | | 83 | | | | | | | | |
| IAMPA FI | L 33616 | | | | | | | 11 | | | |
| | | | ļ | 84 | City | | FL | 171 | Zip Code | | |
| office or i | to the provisions of Sections 617.0502 registered agent, or both, in the State of the familiar with, and accept the obligation | f Florida. Such change was | authorized | DV 1 | ine como | corporation submits this statement for the purporation's board of directors. I hereby accept the | se of o | :hanging itment a | g its registered is registered | | |
| SIGNATURE | Signature, typed or printed name of registered agent | (NO) | FE: Decistered | Acont | signature re | equired when reinstating) DA | TE | | | | |
| 12. | OFFICERS AND | | 13. | -9-011 | organization in | ADDITIONS/CHANGES TO OFFICER | _ | D DIRE | CTORS IN 12 | | |
| TITLE | PD | ☐ DELETE | 1.1 TIII | LE | | PD | | Char | nge 🔲 Addition | | |
| NAME | FLYNN, ROBERT | | 1.2 NA | ME | 1 | NAWROCKI, TONI | | | | | |
| STREET ADDRESS | | | 1.3 STF | REET | ADDRESS | P.O.BOX 48283 | | | | | |
| CITY-ST-ZIP | TAMPA FL 33612 | | 1.4 CIT | Y-ST | | ST. PETERSBURG, FL. 33743 | | | | | |
| TITLE | | | | 2.1 TITLE | | VD | | Char | nge Addition | | |
| NAME | NAWROCKI, TONY | | 2.2 NA | ME | ĺ | DUKE, GINI | | | | | |
| STREET ADDRESS | - 0 DOV 10044 | | 2.3 ST | REET | | 2521-51st.SO. | | | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33743 | | 2.4 CD | TY-SI | i | CHIEPORT FL. 33707 | | | | | |
| TITLE | SD | DELETE | 3,1 ТТ | ΓE | | SD SD | | Char | nge | | |
| NAME | FOREST, SHIRLEY | | 3.2 NA | ME | | SMITH, LOIS- | | | • | | |
| STREET ADDRESS | and the state | | 3.3 ST | REET | ADDRESS | | - | | | | |
| CITY-ST-ZIP | BELLAIR BEACH FL 33610 | | 3.4. CIT | TY-SI | r-ZIP | 4964 HUNTINGTON ST. NE. ST. PETERSBURG, FL. | ## | &)# | | | |
| TITLE | TD | ☐ DELETE | 4.1 ΠΤ | re | | TD | | Char | nge 🗌 Addition | | |
| NAME | HARDINGHAM, GLENDA | | 4.2 NA | ME | | BUTERA, JUDITH | | | | | |
| STREET ADDRESS | 1709 W. HUMPHREY ST | | 4.3 \$TI | REET | ADDRESS | 8051 CAUSEWAY BLVD. SO. | | | | | |
| CITY-ST-ZIP | TAMPA FL 33604 | | 4.4 CIT | Y-ST | -ZIP | ST.PETERSBURG, FL. 33707 | | | | | |
| TITLE | D | ☐ DELETÉ | 5.1 π1 | | | D | | Char | nge Addition | | |
| NAME | BENNETT, EDITH | | 5.2 NA | | | HIGA, CARLA | | | | | |
| STREET ADDRESS | 2001 83 AVE N. #5028 | | | | ADDRESS | 1327 WINDIAMMER | | | | | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33702 | | 5.4 CIT | | -ZIP | | | | | | |
| TITLE | D | ☐ DELETE | 6.1 111 | | | D | | Chai | nge | | |
| NAME | WALLACE, LARRY | | 6.2 NA | ME | | SELKE, RONALD | | | | | |
| STREET ADDRESS | 3044 RED OAK CT #203 | | 6.3 STI | REET | ADDRESS | P.O. BOX 204 | | | | | |
| CfTY-ST-ZiP | PALM HARBOR FL 34684 | | 6.4 CIT | Y-ST | -ZIP | ST. PETERSBURG, FL. 3373 | <u>l</u> | | | | |

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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

D
DAVIS,AL
PO BOX 887
ST. PETERSBURG,FL. 33731

D REED, CHERYL 7501- 142 nd. Ave.N. LARGO, FL. 33777

D LANDASTER, REGINA 13 PINTAIL PLACE SAFETY HARBOR FLORIDA, 34695