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Mar 11, 1999 8:00 am
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03-11-1999 90150 035 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000117

1. Corporation Name
BAY SAILORS, INCORPORATED

Principal Place of Business
4119 MURIEL PLACE
TAMPA FL 33614

Mailing Address
~~P-O BOX 25101~~
~~TAMPA FL 33622-5101~~
PO BOX 47396
ST PETERSBURG
FL. 33743



2. Principal Place of Business (21-23) 2a. Mailing Address (26-29) 3. Date Incorporated or Qualified (01/02/1996) 4. FEI Number (NOT APPLICABLE) 5. Certificate of Status Desired (\$8.75 Additional Fee Required) 6. Election Campaign Financing Trust Fund Contribution (\$5.00 May Be Added to Fees)

9. Name and Address of Current Registered Agent (BORDERS, CAROLYN T) 10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named 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, Section 617.0503, Florida Statutes.

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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like FLYNN, ROBERT; NAWROCKI, TONY; FOREST, SHIRLEY; HARDINGHAM, GLENDA; BENNETT, EDITH; WALLACE, LARRY; NAWROCKI, TONI; DUKE, GINI; SMITH, LOIS; BUTERA, JUDITH; HIGA, CARLA; SELKE, RONALD.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: [Signature] SIGNATURE REQUIRED 727-344-6882

CR2E037 (1/98)

FURTHER ADDITIONAL OFFICERS

N96000000 117
21989990150.35

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