


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90105 043 ****61.25

DOCUMENT # N96000000117

1. Entity Name
BAY SAILORS, INCORPORATED



Principal Place of Business
**3535 ULMERTON ROAD
 CLEARWATER, FL 33762**

Mailing Address
**PO BOX 47396
 ST PETE, FL 33743**



2. Principal Place of Business
13563 ICOT BLVD

3. Mailing Address

Suite, Apt. #, etc.

03252005 Chg-NP CR2E037 (10/03)

City & State
CLEARWATER, FL

City & State

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

Zip
33762

Country
USA

Zip Country

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

6. Name and Address of Current Registered Agent

**SWANSON, LYNBETH
 118 MARC DALE BLVD.
 INDIAN ROCKS BEACH, FL 33785**

7. Name and Address of New Registered Agent

Name **LYDIA BENNETT**

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

City **PALM HARBOR** FL Zip Code **34684**

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 *Lydia S. Bennett* (**LYDIA BENNETT**) **4-11-05**

Signature: Typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

Makes check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WOODALL, ROBERT	
STREET ADDRESS	4138 BRENTWOOD PARK CIRCLE	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STERBA, ED	
STREET ADDRESS	513-68	
CITY-ST-ZIP	BRADENTON BEACH, FL 34217	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TURNER, VIVIAN	
STREET ADDRESS	521 ERIE AVE.	
CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWANSON, LYNBETH	
STREET ADDRESS	118 MARC DALE BLVD.	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALLAS DAWSON	
STREET ADDRESS	1916 Westley St	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLIE NASTA	
STREET ADDRESS	1920 SANDRA DR.	
CITY-ST-ZIP	CLEARWATER, FL 33764	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYDIA BENNETT	
STREET ADDRESS	680 GREENGLLEN LANE	
CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Vivian Turner* (**VIVIAN TURNER**) **4-11-05 (813)-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #