


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90092 028 ****61.25

DOCUMENT # N96000000117
 1. Entity Name
BAY SAILORS, INCORPORATED



Principal Place of Business: 13563 ICOT BLVD, CLEARWATER, FL 33762
 Mailing Address: PO BOX 47396, ST PETE, FL 33743

40076347



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04192007 Chg-NP CR2E037 (12/06)

4. FEI Number: NOT APPLICABLE Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HALL, ELAINE 137 LAZY OAK DR TAMPA, FL 33613		Name: Diane Sullivan Wolfrath Street Address (P.O. Box Number is Not Acceptable): 40 Shamrock Way City: Oldsmar FL Zip Code: 34677	

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, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: DAWSON, DALLAS STREET ADDRESS: 1916 WESTLEY ST CITY-ST-ZIP: SAFETY HARBOR, FL 34695	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: NASTA, MILLIE STREET ADDRESS: 1920 SANDRA DR CITY-ST-ZIP: CLEARWATER, FL 33764	<input type="checkbox"/> Delete	TITLE: PD NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: TURNER, VIVIAN STREET ADDRESS: 521 ERIE AVE. CITY-ST-ZIP: TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: HALL, ELAINE STREET ADDRESS: 137 LAZY OAK DR CITY-ST-ZIP: TAMPA, FL 33613	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: VD NAME: Michael Krassner STREET ADDRESS: 1332 Pasadena Ave S Unit #101 CITY-ST-ZIP: South Pasadena, FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: SD NAME: Dee Boyle STREET ADDRESS: 5620 Dartmouth Ave N CITY-ST-ZIP: St Petersburg, FL 33710	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Diane Sullivan Wolfrath 4/19/07 727-797-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DIANE SULLIVAN WOLFRATH

ATTACHMENT
ATTACHMENT

40076347

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT #N96000000117

Bay Sailors, Incorporated

11.

TITLE	TD	Addition
NAME	Diane Sullivan Wolfrath	
STREET ADDRESS	40 Shamrock Way	
CITY-ST-ZIP	Oldsmar, FL 34677	