2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000117

Entity Name: BAY SAILORS, INCORPORATED

FILED Mar 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13563 ICOT BLVD CLEARWATER, FL 33762

Current Mailing Address: New Mailing Address:

PO BOX 47396 ST PETE, FL 33743

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOLFRATH, DIANE SULLIVAN
40 SHAMROCK WAY
OLDSMAR, FL 34677 US
HESTON, KAREN W
9125 JAKES PATH
LARGO, FL 33771 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: KAREN W. HESTON 03/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: KRASSNER, MICHAEL Name: TALBOT, EDWIN
Address: 1332 PASADENA AVE S, UNIT #101 Address: 450 81ST AVE

City-St-Zip: SOUTH PASADENA, FL 33707 City-St-Zip: ST. PETE BEACH, FL 33706

Title: () Delete Title: TD (X) Change () Addition Name: WOLFRATH, DIANE S Name: RYAN, CANDY Address: 40 SHAMROCK WAY Address: 300 PALMDALE DR. City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677

Title: VD () Change (X) Addition

 Name:
 Name:
 FISKE, ALLEN

 Address:
 Address:
 1100 1ST AVE, W, B-14

 City-St-Zip:
 City-St-Zip:
 BRADENTON, FL 34205

Title: () Delete Title: SD () Change (X) Addition

 Name:
 Name:
 HESTON, KAREN W

 Address:
 Address:
 9125 JAKES PATH

 City-St-Zip:
 City-St-Zip:
 LARGO, 33

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KAREN W. HESTON SD 03/29/2009