2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002055

Entity Name: BAYVIEW CRIME PREVENTION, INC.

FILED Jan 05, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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1914 OAKMONT AVENUE TAMPA, FL 33629

Current Mailing Address: New Mailing Address:

1914 OAKMONT AVENUE TAMPA, FL 33629

FEI Number: 59-3377673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GIORDANO, JOHN N 220 SOUTH FRANKLIN STREET TAMPA, FL 33602 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:

· _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: GIORDANO, JOHN N Name: GIORDANO, JOHN N

 Name:
 GIORDANO, JOHN N
 Name:
 GIORDANO, JOHN N

 Address:
 220 S FRANKLIN ST
 Address:
 220 S FRANKLIN ST

 City-St-Zip:
 TAMPA, FL
 City-St-Zip:
 TAMPA, FL
 33629

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

 Name:
 MORRIS, MICHAEL
 Name:
 MORRIS, MICHAEL

 Address:
 1909 OAKMET AVE
 Address:
 1909 OAKMONT AVE

 City-St-Zip:
 TAPA, FL
 City-St-Zip:
 TAMPA, FL
 33629

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

Name:ABDONEY, BECKYName:ABDONEY, BECKYAddress:1905 OAKMOND AVEAddress:1905 OAKMONT AVECity-St-Zip:TAPA, FLCity-St-Zip:TAMPA, FL33629

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN N. GIORDANO P 01/05/2005