


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90035 017 ****61.25

DOCUMENT # N97000002851 1. Entity Name BAY WORLD PUBLIC TRUST, INC.					
Principal Place of Business 708 S. DAVIS BLVD. TAMPA, FL 33606-3914				Mailing Address 708 S. DAVIS BLVD. TAMPA, FL 33606-3914	
2. Principal Place of Business 708 S. DAVIS BLVD Suite, Apt. #, etc.		3. Mailing Address 708 S. DAVIS BLVD Suite, Apt. #, etc.			
City & State Tampa FL		City & State Tampa Florida		4. FEI Number 59-3431253	
Zip 33606		Country Willabrough		Zip 33606	
Country Willabrough		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSENTINO, NEIL 708 S. DAVIS BLVD. TAMPA, FL 33606-3914				7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u>Neil Cosentino</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COSENTINO, NEIL		NAME		
STREET ADDRESS	708 S. DAVIS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336063914		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEVINSTON, RAY S		NAME		
STREET ADDRESS	7212 HAMMET ROAD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PRICE, DAN		NAME		
STREET ADDRESS	8700 42ND AVE S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, EVELYN		NAME		
STREET ADDRESS	2104 W. CYPRESS ST.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33606		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TUPPER, MEREDITH		NAME		
STREET ADDRESS	3225 S. MCDILL AVE. #208		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Neil Cosentino</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>May 15, 2005</u> Daytime Phone # <u>(813) 251-4669</u>		

50053002



04272005 Chg-NP CR2E037 (10/03)