

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003214

1. Entity Name
BAY DEFENSE ALLIANCE CORPORATION



Principal Place of Business

3000 S HWY 77
SUITE A
LYNN HAVEN, FL 32444

Mailing Address

3000 S HWY 77
SUITE A
LYNN HAVEN, FL 32444

DO NOT WRITE IN THIS SPACE



02042005 No Chg-NP

CR2E037 (10/03)

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

DANTZLER, L N
3000 S HWY 77
SUITE A
LYNN HAVEN, FL 32444

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DANTZLER, L N
STREET ADDRESS	3000 S HWY 77, SUITE A
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	VD
NAME	SMITHWICK, JERRY
STREET ADDRESS	401 E 24TH STREET
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	NEUBAUER, TOM
STREET ADDRESS	740 SOUTH TYNDALL PARKWAY
CITY-ST-ZIP	PANAMA CITY, FL 32404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/05-80030-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *L.N. Dantzler* L.N. DANTZLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05 850-769-5082
Date Daytime Phone #