

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:12

DOCUMENT # **N94000001840 (7)**
1. Corporation Name

**BAYSIDE INDEPENDENT CENTER FOR SPIRITUAL STUDY, I
NC.**

Principal Place of Business Mailing Address
P.O. BOX 827 CARRABELLE FL 32322 P.O. BOX 827 CARRABELLE FL 32322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/13/1994	3a. Date of Last Report
4. FEI Number 59-324-0088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	29 Country
25	30

9. Name and Address of Current Registered Agent
**BOYD, NORMAN D
501 THREE RIVERS RD.
CARRABELLE FL 32322**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	PRESIDENT D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	CARRIE BELLEMAN
STREET ADDRESS		13 STREET ADDRESS	RIVER ROAD
CITY - ST - ZIP		14 CITY - ST - ZIP	CARRABELLE, FL 32322
TITLE		21 TITLE	TALHUAUER D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	VIRGINIA BOYD
STREET ADDRESS		23 STREET ADDRESS	501 THREE RIVERS RD
CITY - ST - ZIP		24 CITY - ST - ZIP	CARRABELLE, FL 32322
TITLE		31 TITLE	DIRECTOR D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	GINGER MARTINEZ
STREET ADDRESS		33 STREET ADDRESS	PO BOX 733
CITY - ST - ZIP		34 CITY - ST - ZIP	CARRABELLE, FL 32322
TITLE		41 TITLE	DIRECTOR D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	NORMAN BOYD
STREET ADDRESS		43 STREET ADDRESS	501 THREE RIVERS RD
CITY - ST - ZIP		44 CITY - ST - ZIP	CARRABELLE, FL 32322
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed upon an attachment to this report.

SIGNATURE: *Norman D Boyd* **NORMAN D BOYD** **5-2-95** **901-697-4663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #