FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700023 (5)

1. Corporation Name
BAY HAVEN BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
C. MARION BOYLSTON 3200 BRADENTON ROAD SARASOTA FL 34234-2842	C. MARION BOYLSTON 3200 BRADENTON ROAD SARASOTA FL 34234-2842

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/29/1959
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1003047 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BOYLSTON, C. MARION
5314 CARLOTTA AVE
SARASOTA FL 34235

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	WOOD, ARTHUR L	1.2 NAME		
STREET ADDRESS	1146 PATTERSON DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DENHAM, E T	2.2 NAME	RHOADES, CAROLYN	
STREET ADDRESS	942 VIRGINIA DRIVE	2.3 STREET ADDRESS	1335 40TH ST.	
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	RHOADES, CAROLYN	3.2 NAME	CLARK, MELBA	
STREET ADDRESS	1335 40TH STREET	3.3 STREET ADDRESS	5119 TRI-PAR DR	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	SARASOTA, FL 34234	
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	BOYLSTON, C M	4.2 NAME		
STREET ADDRESS	5314 CARLOTTA AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	HOLT, JOE	5.2 NAME		
STREET ADDRESS	1423 S EUCLID AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE: _____ April 24, 1995 (813)355-5772
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
C. Marion Boylston President/Director