

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700023 (5)

1. Corporation Name

BAY HAVEN BAPTIST CHURCH, INC.

Principal Place of Business

C. MARION BOYLSTON
3200 BRADENTON ROAD
SARASOTA FL 34234-2842

Mailing Address

C. MARION BOYLSTON
3200 BRADENTON ROAD
SARASOTA FL 34234-2842



3. Date Incorporated or Qualified
09/29/1959

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYLSTON, C. MARION
5314 CARLOTTA AVE
SARASOTA FL 34235

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☒ DELETE
NAME WOOD, ARTHUR L
STREET ADDRESS 1146 PATTERSON DR
CITY-ST-ZIP SARASOTA, FL 00000

1.1 TITLE SD ☒ Change ☐ Addition
1.2 NAME PARSONS, ELIZABETH
1.3 STREET ADDRESS 557 POINCIANA DR
1.4 CITY-ST-ZIP SARASOTA, FL 34234

TITLE VD ☒ DELETE
NAME RHOADES, CAROLYN
STREET ADDRESS 1335 40TH ST.
CITY-ST-ZIP SARASOTA FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME CARPENTER, LORALEE
2.3 STREET ADDRESS 4905 47th ST
2.4 CITY-ST-ZIP SARASOTA, FL 34235

TITLE TD ☐ DELETE
NAME CLARK, MELBA
STREET ADDRESS 5119 TRI-PAR DR.
CITY-ST-ZIP SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME BOYLSTON, C M
STREET ADDRESS 5314 CARLOTTA AVE
CITY-ST-ZIP SARASOTA, FL 00000

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME HOLT, JOE
STREET ADDRESS 1423 S EUCLID AVE
CITY-ST-ZIP SARASOTA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1996 (941) 355-5772

Date Daytime Phone #

CR2E037 (12/95)