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FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 34234-5842

3. Date Incorporated or Qualified  
09/29/1959

3a. Date of Last Report  
04/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

TITLE SD ☐ DELETE  
NAME PARSONS, ELIZABETH  
STREET ADDRESS 557 POINCIANA DR  
CITY-ST-ZIP SARASOTA FL

TITLE VD ☐ DELETE  
NAME CARPENTER, LORALEE  
STREET ADDRESS 4905 47TH ST  
CITY-ST-ZIP SARASOTA FL

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

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☒ Addition

3.1 TITLE TD ☐ Change ☒ Addition  
3.2 NAME BOYLSTON, SUE  
3.3 STREET ADDRESS 5314 CARLOTTA AVE.  
3.4 CITY-ST-ZIP Sarasota FL 34235

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 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 C. Marion Boylston DATE 4/23/97 (941) 355-5250

CR2E037 (9/96)