NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90037 009 ***150.00

DOCUMENT # 700023

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

	9						
2 Principal D	lace of Business	2a. Mailing Address			Date Incorporated or Qualifed		
21	lace of Business	26			09/29/1959		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	App	lied For
22		27			59-1003047	Not	Applicable
City & State City & State				· 	5. Certifcate of Status Desired	□ \$8.75 A	
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be
24	25	29 30	<u> </u>		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current I	Registered Agent	-		10. Name and Address of New Re	gistered Agent	
			81	Name L	ORRJE BJANCHT		
BOYLSTON, C. MARION				Street Addr	ress (P.O. Rox Number is Not Acceptable	8) e n	
5314 CARLOTTA AVE				320	00 BEADENIUM	(RD	
SARASOTA FL 34235				\			
			84	City SA	EASOTA	FL 85 Zip C	34
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes.	the above	-named com	oration submits this statement for the pu	rpose of changing its r	egistered
office or r	registered agent, or both, in the State of m familiar with, and accept the obligatio	Fiorida. Such change was auth	onzed by	the corporation	on's board of directors. I hereby accept	the appointment as reg	istered
•	SINDIE RANG	UA - SEADETAL	21/27	Collins	A MAChi	3/20/99	į
SIGNATURE	Signature, typed or printed name of registered agent a	nd the if applicable. (NOTE: Re	gistered Agen	t signature require	d when felnstating)	DAT	
12.	. OFFICERS AND		13.	/	ADDITIONS/CHANGES TO OFFI		
TITLE	SD	☐ DELETE	1.1 TITLE	-		Change	☐ Addition
NAME	PARSONS, ELIZABETH		1.2 NAME				
STREET ADDRESS	557 POINCIANA DR		1.3 STREET	ADORESS	•		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-S	r-ZIP		F3.01	- A 4 400
TITLE	VD DELETE					Change	☐ Addition
NAME	CARPENTER, LORALEE		2.2 NAME				
STREET ADDRESS	4905 47TH ST		2.3 STREET	ADDRESS			
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-S	7-ZIP			
TITLE	TD DELETE					Change	Addition
NAME	BOYLSTON, SUE				er generalise		
STREET ADDRESS	5314 CARLOTTA AVE		3.3 STREET	ADDRESS			
CITY-\$T-ZIP	SARASTOA FL		3.4. CITY+S	T- ZIP		F3.0b	□ A.443;
TITLE	PD	☐ DELETE	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-S	T-2IP		E7.0L	 • • • • • • • • • • • • • • • • • •
TITLE	VD _.	DELETE	5.1 TITLE	-	,	Change	Addition
NAME	HOLT, JOE		5.2 NAME				
STREET ADDRESS	1423 S EUCLID AVE		5.3 STREET			·	
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-S	T-ZIP		F105	□ A
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: