

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700023

1. Entity Name

BAY HAVEN BAPTIST CHURCH, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90006 048 ****61.25

Principal Place of Business

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

*Change to
 Willis Spoon*

Mailing Address

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

2. Principal Place of Business

3200 BRADENTON RD

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34234

Country

USA

3. Mailing Address

3200 BRADENTON RD

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34234

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1003047

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~BIANCHI, LORRIE~~
 3200 BRADENTON ROAD
 SARASOTA FL 34234

7. Name and Address of New Registered Agent

Name

Willis Spoon

Street Address (P.O. Box Number is Not Acceptable)

1832 INNISBROOK LANE

City

SARASOTA, FL

Zip Code

34234

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Willis H Spoon

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-17-00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

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

TITLE TD ☐ Delete
 NAME BOYLSTON, SUE
 STREET ADDRESS 5314 CARLOTTA AVE
 CITY-ST-ZIP SARASOTA FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE PD ☒ Change ☐ Addition
 NAME PRESIDENT
 STREET ADDRESS WILLIS SPOON
 CITY-ST-ZIP 1832 INNISBROOK LANE
 SARASOTA, FLORIDA

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Willis H Spoon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 17, 2000
 Date

941-355-5772
 Daytime Phone #

CR2E037 (5/00)