2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address,

SIGNATURE:

, with all other like empowered.

Feb 02, 2005 08:00 AM Secretary of State **DOCUMENT # 700023** 1. Entity Name BAY HAVEN BAPTIST CHURCH, INC. Principal Place of Business Mailing Address WILLIS SPOON 3200 BRADENTON ROAD SÄRASOTA FL 34234-2842 WILLIS SPOON 3200 BRADENTON ROAD SARASOTA FL 34234-2842 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-1003047 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HURST, TERRY 3200 BRADENTON ROAD Street Address (P.O Box Number is Not Acceptable) SARASOTA FL 34234 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete THILE PARSONS, ELIZABETH U00000211552 NAME NAME 557 POINCIANA DR STREET ADDRESS 02/02/05-80124-008 61.25 STREET ADDRESS SARASOTA FL CITY-ST-ZIP CHY-ST-ZIP ☐ Addition ☐ Delete THE ☐ Change TITLE MILLER, VERA NAME NAME 1125 40TH ST STREET ADDRESS STREET ADDRESS SARASOTA FL 34234 C1TY-51-71P CITY-ST-ZIP Delete ☐ Change Addition THEF TITLE HURST, TERRY NAME 2901 HYDE PARK STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TOTALE ☐ Change ☐ Addition THLE CLABURN, RALPHUS P NAME NAME 980 UNIVERSITY PKWY STREET ACCRESS STREET ADDRESS SARASOTA FL 34234 CITY-ST-7IP CHY-SI-7P FITEF ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-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)(i), 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

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