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FILED Apr 24, 2006 8:00 am Secretary of State

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SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-2006 90360 038 ****70.00 **DOCUMENT #700023** BAY HAVEN BAPTIST CHURCH, INC. Principal Place of Business Mailing Address HILLIS SPOON Terry Hurst WILLIS SPOON TETRY HURST 3200 BRADENTON ROAD 60029687 3200 BRADENTON ROAD SARASOTA, FL 34234-2842 US SARASOTA, FL 34234-2842 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272006 Chg-NP CR2F037 (11/05) FEI Number 59-1003047 City & State City & State Applied For Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired П 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be 🖟 Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. IIILE VP Dawn, Douglas TITLE SD ☐ Delete Addition PARSONS, ELIZABETH NAME NAME 4037 Condar Ln 557 POINCIANA DR STREET ADDRESS STREET ADDRESS SARASOTA, FL CITY-ST-ZIP CITY-ST-7IP Sarasota, FL ☐ Addition TITLE ☐ Defete TITLE MILLER, VERA NAME NAME 1125 40TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34234 ☐ Delete TITLE Change ☐ Addition TITLE HURST, TERRY NAME NAME 2901 HYDE PARK STREET ADDRESS STREET ADDRESS SARASOTA, FL 34239 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Channe Delete TITLE CLABURN, RALPHUS P NAME NAME 980 UNIVERSITY PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FL 34234 ☐ Change ■ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete □ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.