2003 NOT-FOR-PROFIT CORPORATION

Jan 27, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # 700023 1. Entity Name 01-27-2003 90166 019 ****61.25 BAY HAVEN BAPTIST CHURCH, INC. Principal Place of Business Mailing Address C. MARION BOYLSTON C. MARION BOYLSTON 3200 BRADENTON ROAD 3200 BRADENTON ROAD SARASOTA FL 34234-2842 SARASOTA FL 34234-2842 2. Principal Place of Business 3. Mailing Address WILLIS SPOON WILLIS SPOON Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 3200 Bradenton Road 3200 Bradenton Road City & State City & State 4. FEI Number 59-1003047 Applied For Not Applicable Sarasota. <u>Sarasota,</u> <u>Florida</u> <u>Florida</u> Country 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 SPOON, WILLIS Street Address (P.O. Box Number is Not Acceptable) 1832 INNISBROOK LANE 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 if applicable DATE (NOTF: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to ៈFILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. SD (10/02)Delete TITLE TITLE ☐ Change ☐ Addition PARSONS, ELIZABETH NAME NAME STREET ADDRESS 557 POINCIANA DR STREET ADDRESS **CR2E037** CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TD ☐ Change ☐ Addition TITLE Delete TITLE BOYLSTON, SUE NAME NAME 5314 CARLOTTA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CÎTY-ST-ZÎP SARASTOA FL ☐ Change ☐ Addition TITLE Delete TITLE WILLIS, SPOON NAME NAME

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 changed, or on an attachment with an address, with all other like empowered,

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