

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # 702333

1. Entity Name
**BEE RIDGE BAPTIST CHURCH INCORPORATED, OF
SARASOTA, FLORIDA**



Principal Place of Business
**4210 PROCTOR ROAD
SARASOTA, FL 34233-2223**

Mailing Address
**4210 PROCTOR ROAD
SARASOTA, FL 34233-2223**



01062006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0991182

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PETERS, CHARLES
620 SIMMONS AVE.
SARASOTA, FL 34232**

**DO NOT WRITE
IN THIS SPACE**

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

Charles Peters Pres. CHARLES PETERS

1-12-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	PETERS, CHARLES
STREET ADDRESS	620 SIMMONS AVE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	SD
NAME	STOKES, J D
STREET ADDRESS	5347 WOODLAKE DR
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VD
NAME	BLANTON, THOMAS D
STREET ADDRESS	5741 FORRESTON PINE COURT
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000144251
01/25/06 80013-019 70.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Charles Peters Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06 941-371-2465
Date Daytime Phone #