

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90297 049 \*\*\*\*61.25

**DOCUMENT # 704306**

1. Entity Name

**BAY RIDGE TERRACE CIVIC ASSOCIATION,  
INCORPORATED**



Principal Place of Business

11533 69TH AVE  
NORTH  
SEMINOLE FL 33772  
US

Mailing Address

11533 69TH AVE  
NORTH  
SEMINOLE FL 33772  
US

**24027452**



MOORE CR2E037 (11/03)

2. Principal Place of Business

11219 66TH TER. N.

Suite, Apt. #, etc.

3. Mailing Address

11219 66TH TER. N.

Suite, Apt. #, etc.

4. FEI Number

59-1035184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HANDY, JOHN K  
11533 69TH AVE N.  
SEMINOLE FL 33772

7. Name and Address of New Registered Agent

Name **LAWRENCE F. BREDESTEGE**

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

11219 66TH TER. N.

City **SEMINOLE**

FL

Zip Code **33772**

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

*Lawrence F. Bredestege*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-19-04

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BREDESTEGE, LARRY 11219 66TH TERR. NORTH SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILL, JOE 6400 114TH ST.NO. SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANDY, JOHN K 69TH AVE N. 11533 SEMINOLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCAFFERY, EDWARD 11571 64TH AVE SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVERENTZ, MARY 11585 65 AVE N. SEMINOLE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEAMS, CHARLES 11556 64TH AVE N SEMINOLE FL 33772	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROBERT KRAMD 11524 59TH TERRACE N. SEMINOLE FL 33772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD JIRINIC 11564 69TH AVE. N. SEMINOLE FL 33772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABDUL MEKKAOU 6672 114TH ST. N. SEMINOLE FL 33772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE:

*Lawrence F. Bredestege*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-04

Date

927-392-6254

Daytime Phone #