


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709691

1. Corporation Name

BAY RIDGE BAPTIST CHURCH, INC.

Principal Place of Business

6155 113TH ST N
SEMINOLE FL 34642

Mailing Address

6155 113TH ST N
SEMINOLE FL 34642

104900 - 00000 - 40



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/04/1965	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6172504	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HENRY, JACK
12804 MIA CIR
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name	WAYNE HOLLAND	
82 Street Address (P.O. Box Number is Not Acceptable)	767 Royal Palm Cr	
83		
84 City	LARGO	FL
85 Zip Code	33778	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Wayne K. Holland* WAYNE K. Holland 1-17-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, JACK	1.2 NAME	Holland, Wayne
STREET ADDRESS	12804 MIA CIR	1.3 STREET ADDRESS	767 Royal Palm Cr
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	LARGO FL 33778
TITLE	VCD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLLAND, WAYNE	2.2 NAME	SANTHOUSE, JACK
STREET ADDRESS	767 ROYAL PALM CIRCLE	2.3 STREET ADDRESS	8959 110TH LN N
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCMICHAEL, TIMOTHY	3.2 NAME	LAUFENZO, PETER
STREET ADDRESS	4742 57TH TERR	3.3 STREET ADDRESS	12378 MONARCH CIR
CITY-ST-ZIP	ST PETERSBURG FL	3.4 CITY-ST-ZIP	SEMINOLE, FL 33772
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JULIAN, RON	4.2 NAME	Houff, Jim
STREET ADDRESS	3501 70TH ST N	4.3 STREET ADDRESS	10023 109TH ST N
CITY-ST-ZIP	ST PETER FL	4.4 CITY-ST-ZIP	Seminole, FL 33772
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wayne K. Holland* SIGNATURE REQUIRED 1-19-99 727-581-6089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)