

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709691

1. Entity Name

BAY RIDGE BAPTIST CHURCH, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90129 021 \*\*\*\*61.25

Principal Place of Business

6155 113TH ST N  
SEMINOLE FL 34642

Mailing Address

6155 113TH ST N  
SEMINOLE FL 33772-6841

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6172504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOLLAND, WAYNE  
767 ROYAL PALM CT  
LARGO FL 33778

7. Name and Address of New Registered Agent

Name

Kemp, Charles

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

6805 Versailles

City

Pinellas Park

FL

Zip Code

33781

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.

SIGNATURE

*Charles Kemp*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

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

10. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> Delete
NAME	SANTHOUSE, JACK	
STREET ADDRESS	8959 110TH LN N	
CITY-ST-ZIP	SEMINOLE FL 33722	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	HOLLAND, WAYNE	
STREET ADDRESS	767 ROYAL PALM CIRCLE	
CITY-ST-ZIP	LARGO, FL 33778	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAURENZO, PETER	
STREET ADDRESS	12278 MONARCH CIR	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOUFF, JIM	
STREET ADDRESS	10023 109TH ST N	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Kemp, Charles CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kemp, Charles	
STREET ADDRESS	6805 Versailles	
CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D Lytle, Terry, Dr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6035 113th Ave, No.	
STREET ADDRESS	Pinellas Park, FL 33782	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Norris, John	
STREET ADDRESS	2148 17th Ave. SW	
CITY-ST-ZIP	Largo, FL 33774	

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:

*Charles Kemp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/00 727-391-1935

CR2E037 (9/99)