2002 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2002 8:00 am Secretary of State **DOCUMENT # 709691** BAY RIDGE BAPTIST CHURCH, INC. 04-11-2002 90087 020 ****61.25 Mailing Address Principal Place of Business 6155 113TH ST N 6155 113TH ST N SEMINOLE FL 33772 SEMINOLE FL 33772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-6172504 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEMP, CHARLES Street Address (P.O. Box Number is Not Acceptable) 6805 VERSAILLES PINELLAS PARK FL 33781 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VCD TITLE ☐ Delete TITLE Change ☐ Addition SANTHOUSE, JACK NAME NAME 8959 110TH LN N STREET ADDRESS STREET ADDRESS **SEMINOLE FL 33722** CITY-ST-ZIP CITY-ST-ZIP CD TITLE ☐ Delete TITLE Change ☐ Addition KEMP. CHARLES NAME NAME 6805 VERSAILLES STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-ZIP CITY-ST-ZIP TITLE . Delete ☐ Change ☐ Addition LAURENZO, PETER NAME NAME 12278 MONARCH CIR STREET ADDRESS STREET ADDRESS SEMINOLE FL 33772 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change HOUFF, JIM NAME NAME 10023 109TH ST N STREET ADDRESS STREET ADDRESS SEMINOLE FL 33772 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change LYTLE, TERRY DR NAME NAME 6035 113TH AVE N. STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 33782 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NORRIS, JOHN NAME NAME 2148 17TH AVE SW STREET ADDRESS STREET ADDRESS **LARGO FL 33774** CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

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

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