

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

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90003 030 ****70.00

DOCUMENT # 709691			
1. Entity Name BAY RIDGE BAPTIST CHURCH, INC.			
Principal Place of Business 6155 113TH ST N SEMINOLE FL 33772		Mailing Address 6155 113TH ST N SEMINOLE FL 33772	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NORRIS JOHN 2148 17TH AVE. SW LARGO FL 33774		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

54011871



MOORE CR2E037 (11/03)

4. FEI Number **59-6172504**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 *John Norris* DATE *2/23/04*
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SANTHOUSE, JACK N			NAME	Barber, Don		
STREET ADDRESS	8959 110TH LN N			STREET ADDRESS	5995 Blossom Lake Dr		
CITY-ST-ZIP	SEMINOLE FL 33722			CITY-ST-ZIP	Seminole, FL 33772		
TITLE	DBM	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LAURENZO, PETER			NAME	De Jarnette, Ed		
STREET ADDRESS	12278 MONARCH CIR			STREET ADDRESS	11762 Barb Court		
CITY-ST-ZIP	SEMINOLE FL 33772			CITY-ST-ZIP	Largo, FL 33778		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOUFF, JIM			NAME			
STREET ADDRESS	10023 109TH ST N			STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL 33772			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYTLE, TERRY DR			NAME			
STREET ADDRESS	6035 113TH AVE N.			STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK FL 33782			CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORRIS, JOHN			NAME			
STREET ADDRESS	2188 17TH AVE. SW			STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 33774			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *James G. (Jim) Houff* *James G. (Jim) Houff, Treas.* DATE: *2/23/04* DAYTIME PHONE #: *727-391-1935*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR