

# 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

Mailing Address

**6155 113TH ST N  
SEMINOLE FL 33772**

**6155 113TH ST N  
SEMINOLE FL 33772**

**54011871**



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6172504**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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

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

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  
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** ☒ Delete  
NAME **SANTHOUSE, JACK N**  
STREET ADDRESS **8959 110TH LN N**  
CITY-ST-ZIP **SEMINOLE FL 33722**

TITLE **D** ☐ Change ☒ Addition  
NAME **Barber, Don**  
STREET ADDRESS **5995 Blossom Lake Dr**  
CITY-ST-ZIP **Seminole, FL 33772**

TITLE **DBM** ☒ Delete  
NAME **LAURENZO, PETER**  
STREET ADDRESS **12278 MONARCH CIR**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **D** ☐ Change ☒ Addition  
NAME **De Jarnette, Ed**  
STREET ADDRESS **11762 Barb Court**  
CITY-ST-ZIP **Largo, FL 33778**

TITLE **T** ☐ Delete  
NAME **HOUFF, JIM**  
STREET ADDRESS **10023 109TH ST N**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **LYTLE, TERRY DR**  
STREET ADDRESS **6035 113TH AVE N.**  
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DC** ☐ Delete  
NAME **NORRIS, JOHN**  
STREET ADDRESS **2188 17TH AVE. SW**  
CITY-ST-ZIP **LARGO FL 33774**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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. Houff** **James G. (Jim) Houff, Treas.** **2/27/04** **727-391-1935**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #