

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90327 044 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312006 Chg-NP CR2E037 (11/05)

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

**NORRIS JOHN  
2148 17TH AVE. SW  
LARGO, FL 33774**

7. Name and Address of New Registered Agent

Name **JACK SANTHOUSE (JACOB)**  
Street Address (P.O. Box Number is Not Acceptable)  
**8959 110th Lane N**  
City **Seminole** FL Zip Code **33772**

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 **Jacob L. Santhouse (Jacob L. Santhouse) Deacon 4/5/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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

TITLE **D** ☐ Delete  
NAME **BARBER, DON**  
STREET ADDRESS **5995 BLOSSOM LAKE DR.**  
CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE **D** ☐ Delete  
NAME **DE JARNETTE, ED**  
STREET ADDRESS **11762 BARB CT.**  
CITY-ST-ZIP **LARGO, FL 337748**

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

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

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

TITLE **DR** ☐ Delete  
NAME **SANTHOUSE, JACK**  
STREET ADDRESS **8959 110 LANE N**  
CITY-ST-ZIP **SEMINOLE, FL 33772**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **D Kemp, Charles**  
STREET ADDRESS **6805 Versailles**  
CITY-ST-ZIP **Pinellas Park, FL 33781**

TITLE ☐ Change ☒ Addition  
NAME **D Laurenzo, Peter**  
STREET ADDRESS **12378 Monarch Circle**  
CITY-ST-ZIP **Seminole, FL 33772**

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 exemptions contained in Chapter 119, 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 A. Houff, Treasurer** **4/4/06** **727-392-3631**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #