2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 709691



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

BAY RID	¹e GE BAPTI	ST CHURCH, II	NC.						04-10-2006	5 90327	7 044 1	****70.00)
Principal Place of Business 6155 113TH ST N SEMINOLE, FL 33772			6155	Mailing Address 6155 113TH ST N SEMINOLE, FL 33772									
2. Principal P	Place of Busine	 988	3. Maili	ng Address									
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				03312006	Chg-NP	С	R2E03	37 (11/05)	
City & State			City	City & State			_	4. FEI Number 59-617					pplied For ot Applicable
Zip			Zip			intry		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name a	and Address of Curre	ent Registered	l Agent				7. Name and	Address of N	lew Regis	stered /	Agent	
NORRIS J	OHN					Name	Jaci	k San	uthou.	50	(,	JACOB	<u>₹</u>)
2148 17TH AVE. SW LARGO, FL 33774						Street A	ddress (F	P.O. Box Numb	er is Not Acce GNE	ptable)			
					:	Seminole					FL	Zip Coo	le 777
the obligat	e named entity tions of registe	submits this statemen ered agent.		se of changing its Chouse		ed office of	r register	ed agent, or bo			,	familiar with,	and accept
SIGNATURE .								when reinstating)	peucon		DATE		
	Signature, typed o	or printed name of registered ag	gent and near reppir	capie. (IACT)		a ngan agnat	ore required	mon rolling)			DATE		
	Filing Fee	e is \$61.25 ay 1, 2006	gent and five in appin	9. Election Car Trust Fund C	npaign F	inancing	1	\$5.00 May E	le l		check	payable t	
10.	Filing Fee	e is \$61.25		9. Election Car	npaign F	inancing		\$5.00 May B		Florida	check Depart	tment of S	tate
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I nereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SUMMED OFFICER OR DIRECTOR