

2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N16000002399

Entity Name: NORTHSIDE MINISTRIES, SM, INC.**Current Principal Place of Business:**6906 N. 50TH STREET
TAMPA, FL 33617**Current Mailing Address:**6906 N. 50TH STREET
TAMPA, FL 33617 US**FEI Number: 81-1936371****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ADAMS, TIM LUCAS PHD
2404 MONTE CARLO TRAIL
ORLANDO, FL 32805 US*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: TIM LUCAS ADAMS****01/31/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P	Title	S
Name	TURNER, HARLEM S	Name	WASHINGTON, SIS BRENDA
Address	6906 N. 50TH STREET	Address	28833 LINDENHURST DRIVE
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	WESLEY CHAPEL FL 33544
Title	T	Title	D
Name	BALDWIN, SIS ROSA	Name	CAMPBELL, SIS DEBORAH
Address	5116 PURITAN CIRCLE	Address	6906 N. 50TH STREET
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33617
Title	D	Title	D
Name	SIMS, SIS MAXINE	Name	DUNCAN, SIS RENEE
Address	8610 N. 22ND STREET	Address	1250 MARION STREET
City-State-Zip:	TAMPA FL 33604	City-State-Zip:	TAMPA FL 33602
Title	D		
Name	ADAMS, TIM		
Address	5530 PENDLETON DRIVE		
City-State-Zip:	ORLANDO FL 32839		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIM LUCAS ADAMS TH D**DIRECTOR****01/31/2018**

Electronic Signature of Signing Officer/Director Detail

Date