

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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95 JUN 26 AM 9:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**700001525427
-06/28/95--01030--001
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DO NOT WRITE IN THIS SPACE**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703476
1. Corporation Name
NORTHBAY BAPTIST CHURCH OF NICEVILLE, INC.

Principal Place of Business Mailing Address
4681 HWY 20 NICEVILLE, FL 32578 **4681 HWY 20 NICEVILLE, FL 32578**

3. Date Incorporated or Qualified **01/16/1962** 3a. Date of Last Report **04/29/94**
4. FBI Number **59-2488027** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**PATRICK, BOBBY
4612 HWY 20
NICEVILLE, FL 32578**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **700001525427
-06/28/95--01030--002
*****8.75 FL *****8.75**
84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: **Patrick, Bobby** *Bobby Patrick* **4/24/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATRICK, BOBBY
STREET ADDRESS	4612 HWY 20
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	DOUGLAS, ELTON
STREET ADDRESS	4681 HWY 20-E
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	VADEN, JEAN
STREET ADDRESS	1487 CATMAR RD.
CITY-ST-ZIP	NICEVILLE, FL 00000
TITLE	D
NAME	RICHARDS, JEANETTE
STREET ADDRESS	1506 CEDAR ST.
CITY-ST-ZIP	NICEVILLE, FL 00000
TITLE	D
NAME	NALL, VELMA
STREET ADDRESS	1599 CEDAR ST.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	D
NAME	COLVIN, PAULINE
STREET ADDRESS	1481 CATMAR RD.
CITY-ST-ZIP	NICEVILLE, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STANFILL, MICHAEL B.	
1.3 STREET ADDRESS	1487 HICKORY ST.	
1.4 CITY-ST-ZIP	NICEVILLE, FL 32578	
2.1 TITLE	V/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOUGLAS, ELTON	
2.3 STREET ADDRESS	RT 1 BOX 108	
2.4 CITY-ST-ZIP	FREEPORT, FL 32439	
3.1 TITLE	T/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VADEN, JEAN	
3.3 STREET ADDRESS	1487 CATMAR ROAD	
3.4 CITY-ST-ZIP	NICEVILLE, FL 32578	
4.1 TITLE	V/T/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RICHARDS, JEANETTE	
4.3 STREET ADDRESS	1506 CEDAR STREET	
4.4 CITY-ST-ZIP	NICEVILLE, FL 32578	
5.1 TITLE	C/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FARRINGTON, GEORGE	
5.3 STREET ADDRESS	P.O. BOX 153 N/A	
5.4 CITY-ST-ZIP	FREEPORT, FL 32439	
6.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	COLVIN, PAULINE	
6.3 STREET ADDRESS	4524 PARKWOOD LANE EAST	
6.4 CITY-ST-ZIP	NICEVILLE, FL 32578	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 170(b)(2)(F) of the Internal Revenue Code. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature has 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 Section 607.0507, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Stanfill, Michael B.** *Michael B. Stanfill* **4/24/95** (904)651-0822
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #