

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **703476** (2)
1. Corporation Name
NORTHBAY BAPTIST CHURCH OF NICEVILLE, INC.



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

3. Date Incorporated or Qualified: 01/16/1962
3a. Date of Last Report: 06/26/1995

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2488027	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PATRICK, BOBBY 4612 HWY 20 NICEVILLE FL 32578		B1. Name	PATRICK, ROBERT E.
		B2. Street Address (P.O. Box Number is Not Acceptable)	4612 HWY 20
		B3.	
		B4. City	NICEVILLE FL 32578

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: **PATRICK, ROBERT E.** *Robert E. Patrick* 2/23/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT STANFILL, MICHAEL B 1487 HICKORY ST. NICEVILLE FL 32578	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPT DOUGLAS, ELTON RT. 1 BOX 108 FREEDPORT FL 32439	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VPT HARRIS, FRANCIS E.
STREET ADDRESS		2.3 STREET ADDRESS	RT. 1 BOX 101-U FREEDPORT, FL 32439
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TT VADEN, JEAN 1487 CATMAR RD NICEVILLE FL 32578	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	VTT VADEN, BETTY JEAN
STREET ADDRESS		3.3 STREET ADDRESS	1487 CATMAR RD. NICEVILLE, FL 32578
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VTT RICHARDS, JEANETTE 1506 CEDAR ST NICEVILLE FL 32578	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	TT GLOVER, KENNETH R.
STREET ADDRESS		4.3 STREET ADDRESS	1598 HICKORY ST. NICEVILLE, FL 32578
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CT FARRINGTON, GEORGE P.O. BOX 153 N/A FREEDPORT FL 32439	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CT EAST, WALLACE H.
STREET ADDRESS		5.3 STREET ADDRESS	1324 WINDRUSH COVE NICEVILLE, FL 32578
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	ST COLVIN, PAULINE 4524 PARKWOOD LANE EAST NICEVILLE FL 32578	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **GLOVER, KENNETH R.** *Kenneth R. Glover* 2/23/96 (904) 897-2715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)