FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

NORTHBAY BAPTIST CHURCH OF NICEVILLE, INC.													
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D-'11 Dia:													
Principal Plac	ce of Busines	. \$ •	Ma	Mailing Address					1 100111 10011 00107 11111 01611 10010	. (11)	Olbis Olbis Dibis	Albis Billis inat	
4681 HWY 20				4681 HWY 20					3. Date Incorporated or Qualified	-			
NICEVILLE FL	32578		NIÇ	CEVILLE FL 32578					01/16/1962				
									4. FEI Number			Applied For	
A Crissiani C	Olaca of Duali		100						59-2488027			Not Applicable	
2. Principal P	1809 OI BUSII	1088	· · · · · · · · · · · · · · · · · · ·	2a. Mailing Address					5. Certificate of Status Desired	ŗ		Additional	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					A State Occupies Florida			Required	
22				27					6. Election Campaign Financing Trust Fund Contribution			May Be to Fees	
City & State	te			City & State					7. Is this nonprofit corporation a h				
23			28	28					☐ Yes ☐ No				
Zip	Country			Zip		Country			8. This corporation owes or has pa	ald the c	current year li	ntangible	
24		25	29		30				Personal Property Tax due June 30. Yes No				
	a. Hame	and Address of Curre	ant Hegist	tered Agent		81	Name		10. Name and Address of New Re	gistere	d Agent		
DATOM	" PARENT				1								
4612 HV	K, ROBERT	t.			Ţ	82 Street Addr			ess (P.O. Box Number is Not Acceptal	ble)			
		76			}	83							
NICEVILLE FL 32578													
						84	City			FI	85 Zip	Code	
11. Pursuant	to the provisi	ions of Sections 617.05	02 and 61	17.1508, Florida Stati	utes, the at	oove	i a-named	corpo	pration submits this statement for the			its registered	
office or re agent. I e	regi stered ag am f a miliar wi	jent, or both, in the Stat ith, and accept the obli	ie of Florid laations of	ia. Such change was Section 617,0503, F	authorized	yd by	the corp	oratio	oration submits this statement for the pon's board of directors. I hereby acceptance	pt the ac	ppointment a	s registered	
SIGNATURE		The street services of	B	, 000	10/100 2:12	.							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.							nl signalura	required	d when reinstating)	DATE			
12.	DT.	OFFICERS AF	ND DIREC	ND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC	JERS AN			
NAME	PT	I HINDACI D		☐ DELETE	1.1 T(T)						☐ Change	Addition	
NAME STREET ADDRESS	STANFILL, MICHAEL B DORESS 1487 HICKORY ST.						1.2 NAME 1.3 STREET ADDRESS						
CITY-ST-ZIP	4405-01-0-0-0						- 1						
TITLE	VPT	LE FL 92910		DELETE	1.4 CIT 2.1 TITI		T-ZIP	<u> </u>			Change	☐ Addition	
NAME	1 ' ' '	, FRANCIS E.			2.1 (III			ĺ			C) Ollongo	Auguston	
STREET ADDRESS		OX 101-8					ADDRESS						
CITY-ST-ZIP							ST-ZIP						
TITLE	ATT			X DELETE	3.1 TITU		77 27	ATI	r		Change	Addition	
NAME	VADEN,	BETTY J			3.2 NA	ME			LLEY, OTTIS H.				
STREET ADDRESS	1489 CA	ATMAR STREET			3.3 STI	REET	ADDRESS		24 HICKORY STREET				
CITY-ST-ZIP	NICEVIL	LE FL 32578			3.4. CIT	1 <u>Y - S</u> '	ST-ZIP		CEVILLE, FL 32578				
TITLE	Ħ			DELETE	4.1 TITE	ŁE					Change	Addition	
NAME		, K enne th R.			4. 2 NA	ME							
STREET ADDRESS		CKORY ST			4.3 STP	REET A	address						
CITY-ST-ZIP	NICEVILL	LE FL		DE ETE	4.4 CIT		r-zip						
TITLE	CT	**** * **** * * *		☐ DELETE	5.1 TITL						☐ Change	Addition	
NAME		VALLACE H.			5.2 NAM								
STREET ADDRESS		NDRUSH COVE					ADDRESS						
CITY-ST-ZIP	NICEVILL	<u>.E FL</u>		☐ DELETE	5.4 CITY		ſ-ZiP				Obsesse	T LA MARCINI	
TITLE	ST	DALH MIC		P Dereie	6.1 TITL						☐ Change	☐ Addition	
NAME Street address	JESA DA	, pauline .rkwood lane eas	OT.		6.2 NAM								
SINCE ADDRESS	マンとサ アバ	ANTIOUD DANE EN	JI .		0.3 5 1 1	{EEIP	ADDRESS						

6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report ls 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 attackment with an address. (850) 897-2715

FILED

Jan 23 1998 8:00am

Secretary of State