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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 703476					
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		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/16/1962 4. FEI Number 59-2488027 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent PATRICK, ROBERT E. 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) 1481 Hickory St. 83 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PT NAME STANFILL, MICHAEL B STREET ADDRESS 1487 HICKORY ST. CITY-ST-ZIP NICEVILLE FL 32578			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE VPT NAME HARRIS, FRANCIS E. STREET ADDRESS RT 1, BOX 101-8 CITY-ST-ZIP FREEPORT FL			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 83 CENTER ST. 2.4 CITY-ST-ZIP FREEPORT, FL 32439		
TITLE ATT NAME KELLEY, OTTIS H STREET ADDRESS 1424 HICKORY ST CITY-ST-ZIP NICEVILLE FL 32578			3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE TT NAME GLOVER, KENNETH R. STREET ADDRESS 1598 HICKORY ST CITY-ST-ZIP NICEVILLE FL			4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE CT NAME EAST, WALLACE H. STREET ADDRESS 1324 WINDRUSH COVE CITY-ST-ZIP NICEVILLE FL			5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS NICEVILLE, FL 32578 5.4 CITY-ST-ZIP		
TITLE ST NAME COLVIN, PAULINE STREET ADDRESS 4524 PARKWOOD LANE EAST CITY-ST-ZIP NICEVILLE FL 32578			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. I hereby 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 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, with all other like empowered.

SIGNATURE: KENNETH R. GLOVER, TREASURER
SIGNATURE REQUIRED

1/6/99

(850) 897-2715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)