

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90008 031 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/16/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2488027
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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	85 Zip Code
			FL	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	STANFILL, MICHAEL B	
STREET ADDRESS	1487 HICKORY ST.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	HARRIS, FRANCIS E.	
STREET ADDRESS	RT 1, BOX 101-8	
CITY-ST-ZIP	FREEDPORT FL	
TITLE	ATT	<input type="checkbox"/> DELETE
NAME	KELLEY, OTTIS H	
STREET ADDRESS	1424 HICKORY ST	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	TT	<input type="checkbox"/> DELETE
NAME	GLOVER, KENNETH R.	
STREET ADDRESS	1598 HICKORY ST	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	EAST, WALLACE H.	
STREET ADDRESS	1324 WINDRUSH COVE	
CITY-ST-ZIP	NICEVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	COLVIN, PAULINE	
STREET ADDRESS	4524 PARKWOOD LANE EAST	
CITY-ST-ZIP	NICEVILLE FL 32578	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	83 CENTER ST.
2.4 CITY-ST-ZIP	FREEDPORT, FL 32439
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	NICEVILLE, FL 32578
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** **1/6/99** **(850) 897-2715**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)