

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90643 002 ****61.25

DOCUMENT # 703476

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2488027

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATRICK, ROBERT E.
1481 HICKORY ST
NICEVILLE FL 32578

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PT	STANFILL, MICHAEL B	1487 HICKORY ST.	NICEVILLE FL 32578	<input checked="" type="checkbox"/>
VPT	HARRIS, FRANCIS E.	83 CENTER ST	FREEPORT FL 32439	<input type="checkbox"/>
ATT	KELLEY, OTTIS H	1424 HICKORY ST	NICEVILLE FL 32578	<input type="checkbox"/>
TT	GLOVER, KENNETH R.	1598 HICKORY ST	NICEVILLE FL	<input checked="" type="checkbox"/>
CT	EAST, WALLACE H.	1324 WINDRUSH COVE	NICEVILLE FL 32578	<input checked="" type="checkbox"/>
ST	COLVIN, PAULINE	4524 PARKWOOD LANE EAST	NICEVILLE FL 32578	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PT	Velma Nail	1599 CEDAR ST	NICEVILLE, FL 32578	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chairman	SAME NAME - just changed position			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	SAME			<input type="checkbox"/>	<input type="checkbox"/>
TT	FRIS Schipper	149 BASIN St.	FREEPORT, FL 32439	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPT	JEAN UADEW	1489 CAT-MAR	NICEVILLE, FL 32578	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST	Sharon HARRIS	83 Center St.	FREEPORT, FL 32439	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon Harris* **Sharon Harris** *4/24/02* **850-897-7612**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)