


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90028 003 ****70.00

DOCUMENT # 703476					
1. Entity 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		94040198	
2. Principal Place of Business <i>4681 E. Hwy 20</i>		3. Mailing Address <i>4681 E. Hwy 20</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03262004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2488027	
Applied For		Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input checked="" type="checkbox"/> Delete	TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NALL, VELMA		NAME	STANFILL, MICHAEL B. JR.	
STREET ADDRESS	1599 CEDAR ST		STREET ADDRESS	1497 HICKORY ST.	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, FRANCIS E.		NAME	GARRIS, JOHNNY L.	
STREET ADDRESS	83 CENTER ST		STREET ADDRESS	340 HOWARD ST.	
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	ATT	<input checked="" type="checkbox"/> Delete	TITLE	ATT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, OTTIS H		NAME	SCHIPPER, IRIS R.	
STREET ADDRESS	1424 HICKORY ST		STREET ADDRESS	149 BASIN ST.	
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP	FREEPORT, FL 32439	
TITLE	TT	<input checked="" type="checkbox"/> Delete	TITLE	TT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIPPER, IRIS		NAME	GLOVER, KENNETH R.	
STREET ADDRESS	149 BASIN ST.		STREET ADDRESS	1598 HICKORY ST.	
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE	VPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VADEN, JEAN		NAME		
STREET ADDRESS	1489 CAT MAR		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, SHARON		NAME	SHULMAN, LUVENIA	
STREET ADDRESS	83 CENTER ST		STREET ADDRESS	13448 HWY 20 W.	
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP	FREEPORT, FL 32439	
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: <i>Kenneth R. Glover</i>		GLOVER, KENNETH R. TREASURER		3/29/2004 850-897-2715	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	