


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90070 038 ****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 | | | |
| 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. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2488027 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | STANFILL, MICHAEL B JR | | NAME | | |
| STREET ADDRESS | 1487 HICKORY ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | NICEVILLE, FL 32578 | | CITY-ST-ZIP | | |
| TITLE | CT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GARRIS, JOHNNY L | | NAME | | |
| STREET ADDRESS | 340 HOWARD ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NICEVILLE, FL 32578 | | CITY-ST-ZIP | | |
| TITLE | ATT. | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SCHIPPER, IRIS R | | NAME | <i>VTT</i> | |
| STREET ADDRESS | 149 BASIN ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | FREEPORT, FL 32439 | | CITY-ST-ZIP | | |
| TITLE | TT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | GLOVER, KENNETH R | | NAME | | |
| STREET ADDRESS | 1598 HICKORY ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | NICEVILLE, FL 32578 | | CITY-ST-ZIP | | |
| TITLE | VPT | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | VADEN, JEAN | | NAME | <i>VPT HAMLIN, RMY D.</i> | |
| STREET ADDRESS | 1489 CAT MAR | | STREET ADDRESS | <i>166 WRIGHT CIRCLE</i> | |
| CITY-ST-ZIP | NICEVILLE, FL 32578 | | CITY-ST-ZIP | <i>NICEVILLE, FL 32578</i> | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SHUMAN, LUVENIA | | NAME | | |
| STREET ADDRESS | 13448 HWY 20 W. | | STREET ADDRESS | | |
| CITY-ST-ZIP | FREEPORT, FL 32439 | | CITY-ST-ZIP | | |
| 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. | | | Date: <i>4/11/05</i> | | Daytime Phone #: <i>1-850-897-2715</i> |