

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703476

FILED
May 09, 2007
Secretary of State

Entity Name: NORTHBAY BAPTIST CHURCH OF NICEVILLE, INC.

Current Principal Place of Business:

4681 E HWY 20
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

4681 E HWY 20
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-2488027 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PATRICK, ROBERT E.
1481 HICKORY ST
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: STANFILL, MICHAEL B JR
Address: 1487 HICKORY ST
City-St-Zip: NICEVILLE, FL 32578

Title: CT () Delete
Name: GARRIS, JOHNNY L
Address: 340 HOWARD ST.
City-St-Zip: NICEVILLE, FL 32578

Title: VTT () Delete
Name: SCHIPPER, IRIS R
Address: 149 BASIN ST
City-St-Zip: FREEPORT, FL 32439

Title: TT () Delete
Name: GLOVER, KENNETH R
Address: 1598 HICKORY ST
City-St-Zip: NICEVILLE, FL 32578

Title: VPT (X) Delete
Name: HAMIL, AMY D
Address: 156 WRIGHT CIR
City-St-Zip: NICEVILLE, FL 32578

Title: ST () Delete
Name: SHUMAN, LUVENIA
Address: 13448 HWY 20 W.
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: SHUMAN, LUVENIA L
Address: 13448 HWY 20 W.
City-St-Zip: FREEPORT, FL 32439

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUVENIA L. SHUMAN

ST

05/09/2007

Electronic Signature of Signing Officer or Director

_____ Date