FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 28 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **703664** **(3)**

1. Corporation Name
NORTHSIDE BAPTIST CHURCH INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3100 ST.LUCIE BLVD. S. LUCIE BLVD. FT PIERCE FL 34946	3100 ST.LUCIE BLVD. S. LUCIE BLVD. FT PIERCE FL 34946

3. Date Incorporated or Qualified: **03/02/1962**
3a. Date of Last Report: **04/12/1994**
4. FEI Number: **59-1551818** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BILES, JAMES, PASTOR
7200 PLUMOSA LANE
FT. PIERCE FL 34951

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	V	☑ Change ☐ Addition
NAME	BROGAN, JEFFERY	12 NAME	Shinn Sr., Roger	
STREET ADDRESS	312 NW FAIRFAX	13 STREET ADDRESS	7604 Santa Rosa Pkwy.	
CITY-ST-ZIP	PT. ST. LUCIE FL	14 CITY-ST-ZIP	Fort Pierce, FL 34951	
TITLE	ST	21 TITLE		☐ Change ☐ Addition
NAME	BLEVINS, PATRICIA F.	22 NAME		
STREET ADDRESS	6804 PANDORA AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☑ Change ☐ Addition
NAME	MAYNARD, KENNETH M.	32 NAME	Konow, Chris	
STREET ADDRESS	1504 CORTEZ BLVD.	33 STREET ADDRESS	8601 Pensacola Road	
CITY-ST-ZIP	FT. PIERCE FL	34 CITY-ST-ZIP	Fort Pierce, FL 34951	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BAIRD, ROGER	42 NAME		
STREET ADDRESS	980 S. U.S. #1	43 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☑ Change ☐ Addition
NAME	BROGAN, JEFFREY	52 NAME	Shinn Sr., Roger	
STREET ADDRESS	312 N.W. FAIRFAX	53 STREET ADDRESS	7604 Santa Rosa Pkwy.	
CITY-ST-ZIP	PORT ST. LUCIE FL	54 CITY-ST-ZIP	Fort Pierce, FL 34951	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Patricia F. Blevins Patricia F. Blevins (407) 461-6350
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone Number

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