2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# 719430

Entity Name: NORTHSIDE BAPTIST CHURCH, INC. OF PANAMA CITY

Current Principal Place of Business:

OF PANAMA CITY
530 AIRPORT DR
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

OF PANAMA CITY
530 AIRPORT DR
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-1475367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANCE, JAMES
117 COTTENWOOD CIR
LYNN HAVEN, FL 32444 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: DCT ( ) Delete
Name: MASSEY, JIM,
Address: 530 AIRPORT DR
City-St-Zip: PANAMA CITY, FL 00000,

Title: DT ( ) Delete
Name: CAIN, NORMAN
Address: 530 AIRPORT DRIVE
City-St-Zip: PANAMA CITY, FL

Title: DT ( ) Delete
Name: HANCE, JAMES
Address: 117 COTTENWOOD CIR
City-St-Zip: LYNN HAVEN, FL 32444

Title: DT ( ) Delete
Name: JOHNSON, NEELY
Address: 530 AIRPORT DRIVE
City-St-Zip: PANAMA CITY, FL 00000, 32405

Title: DT ( ) Delete
Name: SELLERS, DONNIE
Address: 530 AIRPORT DRIVE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change ( ) Addition
Name: DRISKELL, ROBERT
Address: 530 AIRPORT DRIVE
City-St-Zip: PANAMA CITY, FL

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

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

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

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: JIM MASSEY DCT 01/09/2009

Electronic Signature of Signing Officer or Director — Date