

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719792** (4)
1. Corporation Name
NORTHSIDE BAPTIST CHURCH OF CHULUOTA, INC.

Principal Place of Business P O BOX 158 HWY 419 AT FOURTH ST. CHULUOTA FL 32766	Mailing Address P O BOX 158 HWY 419 AT FOURTH ST. CHULUOTA FL 32766
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3. Date Incorporated or Qualified 12/03/1970	
4. FEI Number 59-2356888	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**TALLEY, TIM
907 NORTH THOMPSON ROAD
APOPKA FL 32712**

10. Name and Address of New Registered Agent

81 Name	TIM TALLEY
82 Street Address (P.O. Box Number is Not Acceptable)	907 N. THOMPSON RD
83	
84 City	APOPKA
85 Zip Code	FL 32712

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Tim Talley TIM TALLEY PASTOR 1/14/98
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TALLEY, TIM	
STREET ADDRESS	907 NORTH THOMPSON ROAD	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAYLOR, JOHNNY	
STREET ADDRESS	730 TROPICAL AVE.	
CITY-ST-ZIP	CHULUOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	POTTS, CLARENCE	
STREET ADDRESS	4602 STATE RD. 419	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENE, JACK	
STREET ADDRESS	500 SECOND ST	
CITY-ST-ZIP	CHULUOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Deacon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RONALD WAGNER	
1.3 STREET ADDRESS	1637-BOB WHITE TRAIL	
1.4 CITY-ST-ZIP	CHULUOTA FL 32766	
2.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHNNY DWILSON	
2.3 STREET ADDRESS	521-5TH ST	
2.4 CITY-ST-ZIP	CHULUOTA FL 32766	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Johnny Wilson JOHNNY WILSON TREASURER 1/14/98 977-8062
SIGNATURE REQUIRED

CR2E037 (10/97)