

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90079 007 ****61.25

DOCUMENT # 719792

1. Entity 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

00007544



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2356888

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TALLEY, TIM
907 NORTH THOMPSON ROAD
APOPKA FL 32712

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **TALLEY, TIM**
 STREET ADDRESS **907 NORTH THOMPSON ROAD**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **DEACON** ☐ Change ☒ Addition
 NAME **J. R. HARPER**
 STREET ADDRESS **903 N. Thompson Rd**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE **D** ☐ Delete
 NAME **BAYLOR, JOHNNY**
 STREET ADDRESS **730 TROPICAL AVE.**
 CITY-ST-ZIP **CHULUOTA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WAGNER, DONALD**
 STREET ADDRESS **1637 BOB WHITE TRAIL**
 CITY-ST-ZIP **CHULUOTA FL 32766**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **WILSON, JIMMY D**
 STREET ADDRESS **521-5TH ST**
 CITY-ST-ZIP **CHULUOTA FL 32766**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DEACON** ☐ Delete
 NAME **J. R. HARPER**
 STREET ADDRESS **903 N. Thompson Rd**
 CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)