2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# 719792

Entity Name: NORTHSIDE BAPTIST CHURCH OF CHULUOTA, INC.

Current Principal Place of Business:

356 HWY. 419
CHULUOTA, FL 32766

New Principal Place of Business:

Current Mailing Address:

P O BOX 621997
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 59-2356888 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TALLEY, TIM T
907 NORTH THOMPSON ROAD
APOPKA, FL 32712 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: P ( ) Delete
Name: TALLEY, TIM
Address: 907 NORTH THOMPSON ROAD
City-St-Zip: APOPKA, FL 32712

Title: D ( ) Delete
Name: BAYLOR,JOHNNY,
Address: 730 TROPICAL AVE.
City-St-Zip: CHULUOTA, FL 32766

Title: D ( ) Delete
Name: WAGNER, RONALD
Address: 1637 BOB WHITE TRAIL
City-St-Zip: CHULUOTA, FL 32766

Title: T ( ) Delete
Name: TALLEY, AVA J
Address: P.O. BOX 996
City-St-Zip: CHRISTMAS, FL 32709

Title: D ( ) Delete
Name: HARPER, J.R.
Address: 903 N THOMPSON RD.
City-St-Zip: APOPKA, FL 32712

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:

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: AVA JO TALLEY T 02/04/2008

Electronic Signature of Signing Officer or Director — Date