

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719792

FILED  
Mar 04, 2009  
Secretary of State

**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: D (X) Change ( ) Addition  
Name: BAYLOR, JOHNNY  
Address: 730 TROPICAL AVE.  
City-St-Zip: CHULUOTA, FL 32766

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

Title: T (X) Change ( ) Addition  
Name: STROBRIDGE, JOAN  
Address: 331 E. 3RD ST  
City-St-Zip: CHULUOTA, FL 32766

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: JOAN STROBRIDGE

T

03/04/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date