

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

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 728330 (2)**

1. Corporation Name  
**NORTHSIDE BAPTIST CHURCH, INC.**



Principal Place of Business: **1700 N FRANKLIN ST. PLANT CITY FL 33566 US**  
Mailing Address: **1700 N FRANKLIN ST. PLANT CITY FL 33566 US**

3. Date Incorporated or Qualified: **01/24/1974**  
3a. Date of Last Report: **01/25/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number <b>59-1495080</b>	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Country	30	Country				

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**PLATT, W.E.  
703 W. CHERRY ST.  
PLANT CITY FL 33566**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	<b>FL</b>
85	Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COTTEN, FRANCES</b>	1.2 NAME	
STREET ADDRESS	<b>1004 W CHERRY ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUBOIS, GERRY</b>	2.2 NAME	<b>Smith, W.A.</b>
STREET ADDRESS	<b>3506 OLD MULBERRY RD.</b>	2.3 STREET ADDRESS	<b>2702 W. SR 60</b>
CITY-ST-ZIP	<b>PLANT CITY, FL 00000</b>	2.4 CITY-ST-ZIP	<b>Plant City, FL. 33566</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIGGINS, MICHAEL A</b>	3.2 NAME	
STREET ADDRESS	<b>606 N PALM DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERRELL, LEE</b>	4.2 NAME	
STREET ADDRESS	<b>308 EUNICE DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANT CITY FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Frances Cotten SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Frances Cotten Date: 1/25/96 (813) 752-3858 Daytime Phone #

CR2E037 (12/95)