

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90010 010 ****61.25

DOCUMENT # 728330

1. Entity 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

54038491



DO NOT WRITE IN THIS SPACE

04072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1495080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, W.A. 2702 W. SR 60 PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRANGE, WILLIAM 2104 ELMWOOD CT PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, WAYNE 708 W. DIXIE ST PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Rev. Wayne Roberts **Rev. Wayne Roberts** 4/19/04 813-752-2779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #