FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION	N OF CORPORATIONS			
DOCU 1. Corporatio	MENT # 763	3126 (0)				
NORTI	H BAY COMMUNITY	CHURCH, INC.				
				T ARTINE NADIO DILING TITLET INDIO 11010.	DIO BUDO BUBU BUBU BUBU	
Principal Place	e of Business	Mailing Address				
			000711 0010			
CLEARWATE		3170 MCMULLEN I Clearwater Fl				
				3. Date Incorporated or Qualified	20 Date of Least	7
				05/05/1982	3a. Date of Last I 02/21/19	
	face of Business	2a. Mailing Address		4. FEI Number		pplied For
Suite, Apt.	# etc	Suite, Apt. #, etc		59-2201979		lot Applicable
22		27	j.	5. Certificate of Status Desired	,	Additional Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00	May Be
23 Zip	Country	28		Trust Fund Contribution	LJ Added	to Fees
24	25	Zip 29	Country 30	This corporation has liability for in Florida Statutes	tangible tax under s. Yes 🗹 No	199.032,
		of Current Registered Agent	[30]	10. Name and Address of New Re		
			B1 Name			
	RFIELD, BETTY		82 Street	Address (P.O. Box Number is Not Acceptable)	
	RRACE ROAD					
DUNEU	N FL 34698		83	Little Market		
			84 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 6	617.0502 and 617.1508, Florida St	atutes, the above-named co	proporation submits this statement for the purposard of directors. I hereby accept the appoin	ose of changing its re	gistered office
or register familiar wi	red agent, or both, in the Stati ith, and accept the obligations	e of Florida. Such change was autl of, Section 617.0503, Florida Stat	norized by the corporation's tutes.	board of directors. I hereby accept the appoint	ntment as registered	agent. I am
SIGNATURE						
12.	Signature, typed or printed name of regis	stered agent and little if applicable. DERS AND DIRECTORS	(NOTE: Registered Agent signature re	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	20.151.40
TITLE	D	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICE	Change	AS IN 12 Addition
NAME	PORTERFIELD, BETTY	,		MEISTER, JOHN		/ Noonion
STREET ADDRESS	774 TERRACE ROAD		13 STREET ADDRESS	ISO PINEMANDE BUD		
CITY-ST-ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP	OLDSMAN, FL 34677		
TITLE	DOMAND DOMALD D	₩ DELETE		47	Change	Addition
NAME STREET ADDRESS	ROWAND, RONALD P 3058 EAGLES LANDIN		2.2 NAME	EMEZSON, NAUCY M 1901 S. Saddle Hill Po		
CHY-ST-ZIP	CLEARWATER FL	10 O/ 11	2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP	DUNEDIN, FL 34698		
TITLE	SD	DELETE	3.1 Title	D	Change	Addition
NAME	MARIETTA, PATRICIA	A	3.2 NAME	Rosevelt, Gary A.	·	
STREET ADDRESS	241 PELICAN DR N		3.3 STREET ADDRESS	2468 AUTHOUY AVE		
CITY-ST-ZIP	OLDSMAR FL	The ere	3.4. CITY-ST-ZIP	CLEARWATER FL 34619		
TITLE NAME	td Fuettere, Nell	DELETE	4.1 TITLE	*	☐ Change	Addition
STREET ADDRESS	2550 S R 580 LOT 44	7	4. 2 NAME 4.3 STREET ADDRESS			
CITY-SI-ZIP	CLEARWATER, FL 000		4.4 CITY-ST-ZIP			
TITLE	D	₩ DELETE	5.1 TITLE		Change	☐ Addition
	_			i e e e e e e e e e e e e e e e e e e e		
NAME	TIBMA, PETER C		5.2 NAME			
STREET ADDRESS	TIBMA, PETER C 60 WILLOWOOD LN	_	5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS CHTY-ST-ZIP	TIBMA, PETER C 60 WILLOWOOD LN OLDSMAR FL		5.3 STREET ADDRESS 5.4 City-St-Zip			
STREET ADORESS CHY-ST-ZIP TITLE	TIBMA, PETER C 60 WILLOWOOD LN OLDSMAR FL P	DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	TIBMA, PETER C 60 WILLOWOOD LN OLDSMAR FL P STUART, ALLAN R		5.3 STREET ADDRESS 5.4 City-St-Zip 6.1 Title 6.2 Name		☐ Change	■ Addition
STREET ADORESS CHY-ST-ZIP TITLE	TIBMA, PETER C 60 WILLOWOOD LN OLDSMAR FL P		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change	Addition

4. To nereby certify that the information supplied with this fling 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 3 if changed, or on an attachment with an address.

SIGNATURE:

ALLAU R. STUART, Pars. 2/12/96 (818)796-0071