

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

FILED

**Sep 15 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 763126 (0)

1. Corporation Name
NORTH BAY COMMUNITY CHURCH, INC.



Principal Place of Business 3170 McMULLEN BOOTH ROAD CLEARWATER FL 34621	Mailing Address 3170 McMULLEN BOOTH ROAD CLEARWATER FL 34621
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 05/05/1982	3a. Date of Last Report 02/22/1996
4. FEI Number 59-2201979	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PORTERFIELD, BETTY
774 TERRACE ROAD
DUNEDIN FL 34698**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME PORTERFIELD, BETTY	
STREET ADDRESS 774 TERRACE ROAD	
CITY-ST-ZIP DUNEDIN FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MEISTER, JOHN	
STREET ADDRESS 150 PINWOOD BLVD	
CITY-ST-ZIP OLDSMAR FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME MARIETTA, PATRICIA A	
STREET ADDRESS 241 PELICAN DR N	
CITY-ST-ZIP OLDSMAR FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME EMERSON, NANCY M	
STREET ADDRESS 1901 SOUTH SADDLE HILL ROAD	
CITY-ST-ZIP DUNEDIN FL	
TITLE D	<input type="checkbox"/> DELETE
NAME ROOSEVELT, GARY A	
STREET ADDRESS 2463 ANTHONY AVENUE	
CITY-ST-ZIP CLEARWATER FL	
TITLE P	<input type="checkbox"/> DELETE
NAME STUART, ALLAN R	
STREET ADDRESS 2100 SWAN LANE	
CITY-ST-ZIP SAFETY HARBOR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE TD
1.2 NAME POINTER, JAMES L
1.3 STREET ADDRESS 2087 EDGEWATER DRIVE #5
1.4 CITY-ST-ZIP CLEARWATER, FL 34615
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 REQUIRED

CR2E037 (4/97)