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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified: 05/05/1982
4. FEI Number: 59-2201979
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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: JAMES L POINTER
82 Street Address (P.O. Box Number is Not Acceptable): 2037 EDGEWATER DRIVE #5
83 City: CLEARWATER FL 85 Zip Code: 34625

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: *James L Pointer* JAMES L POINTER TREASURER 4/30/98

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: PORTERFIELD, BETTY	STREET ADDRESS: 774 TERRACE ROAD	CITY-ST-ZIP: DUNEDIN FL	<input checked="" type="checkbox"/> DELETE
TITLE: D	NAME: MEISTER, JOHN	STREET ADDRESS: 150 PINWOOD BLVD	CITY-ST-ZIP: OLDSMAR FL	<input checked="" type="checkbox"/> DELETE
TITLE: SD	NAME: MARIETTA, PATRICIA A	STREET ADDRESS: 241 PELICAN DR N	CITY-ST-ZIP: OLDSMAR FL	<input type="checkbox"/> DELETE
TITLE: TD	NAME: POINTER, JAMES L	STREET ADDRESS: 2037 EDGEWATER DR #5	CITY-ST-ZIP: CLEARWATER FL	<input type="checkbox"/> DELETE
TITLE: D	NAME: ROOSEVELT, GARY A	STREET ADDRESS: 2403 ANTHONY AVENUE	CITY-ST-ZIP: CLEARWATER FL	<input checked="" type="checkbox"/> DELETE
TITLE: P	NAME: STUART, ALLAN R	STREET ADDRESS: 2100 SWAN LANE	CITY-ST-ZIP: SAFETY HARBOR FL	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: DIRECTOR	1.2 NAME: WARNER, SALLY	1.3 STREET ADDRESS: 164 ST. IVES DRIVE	1.4 CITY-ST-ZIP: PALM HARBOR, FL 34684	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: DIRECTOR	2.2 NAME: EICHLZBERGER, FRED	2.3 STREET ADDRESS: 1000 MCKEAN STREET	2.4 CITY-ST-ZIP: DUNEDIN FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: DIRECTOR	3.2 NAME: FAULKNER, SANDRA	3.3 STREET ADDRESS: 1850 STABLE TRAIL	3.4 CITY-ST-ZIP: PALM HARBOR FL 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE: PRESIDENT	4.2 NAME: STUART, ALLAN	4.3 STREET ADDRESS: 2100 DIAMOND CT	4.4 CITY-ST-ZIP: OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE:	5.2 NAME:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE:	6.2 NAME:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *James L Pointer* JAMES L POINTER TREASURER 4/30/98

CR2E037 (1097)