

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763126

1. Entity Name

NORTH BAY COMMUNITY CHURCH, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90008 020 ****70.00

Principal Place of Business 3170 MCMULLEN BOOTH ROAD CLEARWATER FL 34621	Mailing Address 3170 MCMULLEN BOOTH ROAD CLEARWATER FL 33761-2007
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2201979	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

POINTER, JAMES L
2037 EDGEWATER DR 5
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> Delete
NAME WARNER, SALLY	
STREET ADDRESS 164 ST IVES DR	
CITY-ST-ZIP PALM HARBOR FL 34684	
TITLE D	<input type="checkbox"/> Delete
NAME EICHLBERGER, FRED	
STREET ADDRESS 1000 MCLEAN ST	
CITY-ST-ZIP DUNEDIN FL 34698	
TITLE SD	<input type="checkbox"/> Delete
NAME MARIETTA, PATRICIA A	
STREET ADDRESS 241 PELICAN DR N	
CITY-ST-ZIP OLDSMAR FL	
TITLE TD	<input type="checkbox"/> Delete
NAME POINTER, JAMES L	
STREET ADDRESS 2037 EDGEWATER DR #5	
CITY-ST-ZIP CLEARWATER FL	
TITLE D	<input type="checkbox"/> Delete
NAME FAULKNER, SANDRA	
STREET ADDRESS 18520 STABLE TRL	
CITY-ST-ZIP PALM HARBOR FL 34685	
TITLE P	<input type="checkbox"/> Delete
NAME STUART, ALLAN R	
STREET ADDRESS 2103 DIAMOND CT	
CITY-ST-ZIP OLDSMAR FL 34677	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KENNETH WEBSTER	
STREET ADDRESS 4381 WORTHINGTON CIRCLE	
CITY-ST-ZIP PALM HARBOR, FL 34685	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Signature James L Pointer **Treas/Dire** 4/4/00 727-796-0071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)