

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2002 8:00 am**  
**Secretary of State**

04-26-2002 90004 026 \*\*\*\*70.00

**DOCUMENT # 763126**  
 1. Entity Name  
**NORTH BAY COMMUNITY CHURCH, INC.**

Principal Place of Business      Mailing Address  
**370 McMullen Booth Road**      **3170 McMullen Booth Road**  
**Clearwater FL 34621**      **Clearwater FL 34621**

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

4. FEI Number **59-2201979**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**POINTER, JAMES L**  
**2025 EDGEWATE DRIVE #6**  
**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>WEBSTER, KENNETH</b>
STREET ADDRESS	<b>4381 WORTHINGTON CIRCLE</b>
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>EICHLBERGER, FRED</b>
STREET ADDRESS	<b>1000 MCLEAN ST</b>
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>SHILLER, ROBERTA</b>
STREET ADDRESS	<b>11801 SAAPDRAGON RD</b>
CITY-ST-ZIP	<b>TAMPA FL 33635</b>
TITLE	<b>TD</b> <input type="checkbox"/> Delete
NAME	<b>POINTER, JAMES L</b>
STREET ADDRESS	<b>2025 EDGEWATER DR. #6</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33755</b>
TITLE	<b>VPD</b> <input type="checkbox"/> Delete
NAME	<b>CARUSO, MICHAEL</b>
STREET ADDRESS	<b>9233 ALCOTT WAY</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34655</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>STADLER, KIMBALL</b>
STREET ADDRESS	<b>3045 OAK HILL RD</b>
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Addition
NAME	<b>SECRETARY</b> <b>BERRY, ANORBA L</b>
STREET ADDRESS	<b>1745 HAMPTON LANE</b>
CITY-ST-ZIP	<b>PALM HARBOR, FL 34683</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR</b> <b>ELLEN SPINK</b>
STREET ADDRESS	<b>1815 BARN OWL WAY</b>
CITY-ST-ZIP	<b>PALM HARBOR, FL 34683</b>

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]*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **POINTER**      Date: **4/15/02**      Daytime Phone #: **727-796-0071**

CR2E037 (9/01)