


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90128 001 ****61.25

DOCUMENT # 763126					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2201979	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUCKIE, THORNTON, C 2500 FOREST RUN CT CLEARWATER, FL 33764			Name Street Address (P.O. Box Number is Not Acceptable) 11536 TEE TIME CIRCLE City NEW PORT RICHEY FL Zip Code 34654		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MICU, JOHN		NAME		
STREET ADDRESS	1743 STABLE TRAIL		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR, FL 346858		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GOODMAN, JULEE		NAME		
STREET ADDRESS	1140 FAIRWAY DRIVE		STREET ADDRESS	3524 BIRKDALE LANE	
CITY-ST-ZIP	DUNEDIN, FL 34698		CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MADER, DAVID		NAME		
STREET ADDRESS	1810 MARINER DR #406		STREET ADDRESS		
CITY-ST-ZIP	TARPOON SPRINGS, FL 34689		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUCKIE, TONY		NAME		
STREET ADDRESS	2500 FOREST RUN CT		STREET ADDRESS	11536 TEE TIME CIRCLE	
CITY-ST-ZIP	CLEARWATER, FL 33766		CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>J.C. [Signature]</u>		TREASURER		3/5/05 727 796 0071	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

