


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90004 031 ****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 11536 TEE TIME CIRCLE NEW PORT RICHEY, FL 34654			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. 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 registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	3524 BIRKDALE LANE	STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR, FL 34684	CITY-ST-ZIP			
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	TARPON 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	11536 TEE TIME CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	SECRETARY		
STREET ADDRESS		STREET ADDRESS	JIM HARDING		
CITY-ST-ZIP		CITY-ST-ZIP	2988 BRADFORD CIR.		
TITLE	<input type="checkbox"/> Delete	TITLE	PALM HARBOR, FL 34685		
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 exemptions contained in Chapter 119, 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 other like empowered.					
SIGNATURE: <i>By: J.C. Luckie - Treasurer</i>				Date: _____ Daytime Phone #: 727-796-0071	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					