

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90268 013 ****70.00

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**

11013438



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2201979**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POINTER, JAMES L
2025 EDGEWATE DRIVE #6
CLEARWATER FL 33755**

Name Pointer, James L.
Street Address (P.O. Box Number is Not Acceptable)
3170 McMullen Booth Road
City CLEARWATER FL Zip Code 33761

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 Pointer J.L. Pointer, Treasurer
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/22/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WEBSTER, KENNETH	
STREET ADDRESS	4381 WORTHINGTON CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	D	<input type="checkbox"/> Delete
NAME	EICHLBERGER, FRED	
STREET ADDRESS	1000 MCLEAN ST	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BERRY, ANDREA L	
STREET ADDRESS	1745 HAMPTON LANE	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POINTER, JAMES L	
STREET ADDRESS	2025 EDGEWATER DR. #6	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CARUSO, MICHAEL	
STREET ADDRESS	9233 ALCOTT WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPINK, ELLEN	
STREET ADDRESS	1815 BARN OWL WAY	
CITY-ST-ZIP	PALM HARBOR FL 34683	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARUSO, MICHAEL	
STREET ADDRESS	9233 ALCOTT WAY	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRCHHOFF, RUTH	
STREET ADDRESS	428 PELICAN DR. S	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES, KIMBERLY	
STREET ADDRESS	364 ROSALIND LN	
CITY-ST-ZIP	OLDSMAR, FL 34677	
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)(l), 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: Pointer **SIGNATURE REQUIRED** Pointer 4/22/03 727-796-0071

CR2E037 (10/02)