


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # 768643	
1. Entity Name NORTHSIDE BAPTIST CHURCH OF OKEECHOBEE, INC.	

Principal Place of Business 51 N.W. 98TH ST. P.O. BOX 1541 OKEECHOBEE FL 34973	Mailing Address 51 N.W. 98TH ST. P.O. BOX 1541 OKEECHOBEE FL 34973
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-2371535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WILSON S. RUCKS 16563 HWY 441 N. OKEECHOBEE FL 33472	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 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 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 NAME STREET ADDRESS CITY-ST-ZIP	MD COOK, REV. ARELN 4425 HWY 441 SO. #112 OKEECHOBEE FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000226930 02/12/05-80035-020 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PYE, SHARON 13725 N.E. 18TH AVE. OKEECHOBEE FL 34972 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RUCKS, WILSON 18563 HWY 441 NORTH OKEECHOBEE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COKER, JACK 1850 HWY. 441 S.E. OKEECHOBEE FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARLIN SIMMONS LOT 15 E, NE 1ST ST. OKEECHOBEE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VICKERS, JAMES 2809 S.E. 23RD ST. OKEECHOBEE FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Wilson S. Ruck* **2/9/05** **863-763 3468**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #