

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768643

FILED  
Jan 12, 2009  
Secretary of State

**Entity Name:** NORTHSIDE BAPTIST CHURCH OF OKEECHOBEE, INC.

**Current Principal Place of Business:**

51 N.W. 98TH ST.  
P.O. BOX 1541  
OKEECHOBEE, FL 34973

**New Principal Place of Business:**

51 N.W. 98TH ST.  
OKEECHOBEE, FL 34973

**Current Mailing Address:**

51 N.W. 98TH ST.  
P.O. BOX 1541  
OKEECHOBEE, FL 34973

**New Mailing Address:**

51 N.W. 98TH ST.  
OKEECHOBEE, FL 34973

**FEI Number:** 59-2371535

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON S. RUCKS  
16563 HWY 441 N.  
OKEECHOBEE, FL 33472 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MD ( ) Delete  
Name: COOK, REV. ARELN  
Address: 4425 HWY 441 SO. #112  
City-St-Zip: OKEECHOBEE, FL 34974

Title: S ( ) Delete  
Name: PYE, SHARON  
Address: 13725 N.E. 18TH AVE.  
City-St-Zip: OKEECHOBEE, FL 34972

Title: DT ( ) Delete  
Name: RUCKS, WILSON  
Address: 16563 HWY 441 NORTH  
City-St-Zip: OKEECHOBEE, FL

Title: D ( ) Delete  
Name: COKER, JACK  
Address: 1850 HWY. 441 S.E.  
City-St-Zip: OKEECHOBEE, FL 34974

Title: D ( ) Delete  
Name: ARLIN SIMMONS,  
Address: LOT 15 E, NE 1ST ST.  
City-St-Zip: OKEECHOBEE, FL 00000,

Title: DT ( ) Delete  
Name: VICKERS, JAMES  
Address: 2809 S.E. 23RD ST.  
City-St-Zip: OKEECHOBEE, FL 34974

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DT (X) Change ( ) Addition  
Name: RUCKS, WILSON  
Address: 16563 HWY 441 NORTH  
City-St-Zip: OKEECHOBEE, FL 34972

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILSON RUCKS

DT

01/12/2009

Electronic Signature of Signing Officer or Director

Date