

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N01000003160

1. Entity Name
NORTHSIDE BAPTIST CHURCH OF DELLWOOD, INC.



Principal Place of Business
**3677 NORTHSIDE CHURCH ROAD
GREENWOOD, FL 32443**

Mailing Address
**3677 NORTHSIDE CHURCH ROAD
GREENWOOD, FL 32443**



01252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3157081	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GLASS, MARION C
3697 NORTHSIDE CHURCH ROAD
GREENWOOD, FL 32443**

**DO NOT WRITE
IN THIS SPACE**

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 *Marion C. Glass* *Marion C. Glass* *3-15-08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	GLASS, MARION C
STREET ADDRESS	3697 NORTHSIDE CHURCH ROAD
CITY-ST-ZIP	GREENWOOD, FL 32443
TITLE	T
NAME	HUDSON, TOM JR.
STREET ADDRESS	8076 JOSEPH STREET
CITY-ST-ZIP	SNEADS, FL 32460
TITLE	T
NAME	MCARTHUR, HARDY W
STREET ADDRESS	5554 HUMMINGBIRD ROAD
CITY-ST-ZIP	BASCOM, FL 32423
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000851967
04/03/09-80030-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: *Marion C. Glass*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-08 *850-592-4774*
Date Daytime Phone #