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

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

GREENWOOD FL 32443

3677 NORTHSIDE CHURCH ROAD

DOCUMENT # N0100003160

1. Entity Name

Principal Place of Business

GREENWOOD FL 32443

Suite, Apt. #, etc.

GLASS, MARION C

GREENWOOD FL 32443

3697 NORTHSIDE CHURCH ROAD

the obligations of registered agent.

City & State

Zip

3677 NORTHSIDE CHURCH ROAD

2. Principal Place of Business

NORTHSIDE BAPTIST CHURCH OF DELLWOOD, INC.

Country

6. Name and Address of Current Registered Agent



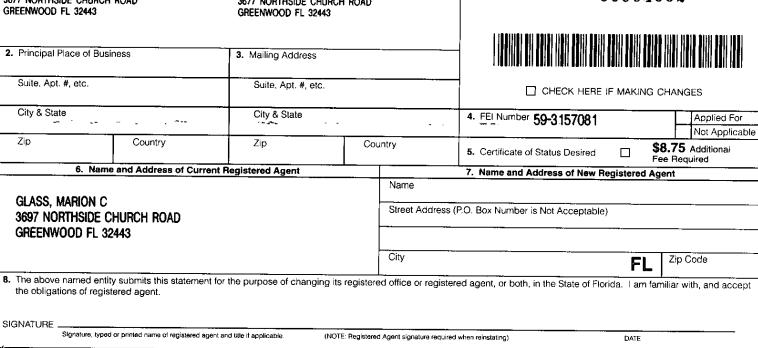
Country

Name

FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90022 048 ****61.25

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SIGNATURE						
-1	Signature, typed or printed name of registered agent and title if applications	cable. (NOTE: F	Registered Agent signature requ	ired when reinstating)	DATE	
	FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GLASS, MARION C 3697 NORTHSIDE CHURCH ROAD GREENWOOD FL 32443	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUDSON, TOM JR. 8076 JOSEPH STREET SNEADS FL 32460	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCARTHUR, HARDY W 5554 HUMMINGBIRD ROAD BASCOM FL 32423	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP.		□ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with this filling d	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

Interept certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

58 MATION 6.1-8-03

CR2E037 (10/02)