FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:27

DOCUMENT # N01471 (4)

1. Corporation Name
NORTHSIDE BAPTIST CHURCH OF BRADFORD COUNTY, INC

Principal Place of Business	Mailing Address
P.O. BOX 2188 STARKE FL 32091	P.O. BOX 2188 STARKE FL 32091

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1984
3a. Date of Last Report: 04/15/1994
4. FEI Number: APPLIED FOR (59-2510799) ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Corner of SR16 & CR225	26 Rt. 2, Box 2188
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Starke, FL	28 City & State: Starke, FL
24 Zip: 32091 25 Country: Bradford	29 Zip: 32091 30 Country: Bradford

9. Name and Address of Current Registered Agent
WALDROP, WILLIAM C
RT. 1, BOX 8
LAWTEY FL 32058

10. Name and Address of New Registered Agent
81 Name: Waldrop, William C.
82 Street Address (P.O. Box Number is Not Acceptable): Rt. 1, Box 380
83
84 City: Lawtey FL 85 Zip Code: 32058

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: William C Waldrop Treasurer/Director 1/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HAAS, DALE	1.2 NAME	Haas, Dale	
STREET ADDRESS	COUNTY ROAT 225, BOX 266	1.3 STREET ADDRESS	Rt. 2, Box 2677	
CITY-ST-ZIP	STARKE FL 32091	1.4 CITY-ST-ZIP	Starke, FL 32091	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	RUPP, JIM	2.2 NAME	Rupp, Jim	
STREET ADDRESS	RT. 3, BOX 697	2.3 STREET ADDRESS	Rt. 4, Box 3710	
CITY-ST-ZIP	LAKE BUTLER FL 32054	2.4 CITY-ST-ZIP	Lake Butler, FL 32054	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	NORMAN, GERALD	3.2 NAME	Wynn, Travis	
STREET ADDRESS	COUNTY ROAD 229-A, BOX 2525	3.3 STREET ADDRESS	Rt. 3, Box 431	
CITY-ST-ZIP	STARKE FL 32091	3.4 CITY-ST-ZIP	Starke, FL 32091	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	WALDROP, WILLIAM C	4.2 NAME	Waldrop, William C.	
STREET ADDRESS	RT. 1, BOX 8	4.3 STREET ADDRESS	Rt. 1, Box 380	
CITY-ST-ZIP	LAWTEY FL 32058	4.4 CITY-ST-ZIP	Lawtey, FL 32058	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BENNETT, JOEY	5.2 NAME	Nicula, Perry N/A	
STREET ADDRESS	N.W. 68TH AVENUE	5.3 STREET ADDRESS	P. O. Box 119	
CITY-ST-ZIP	LAWTEY FL 32058	5.4 CITY-ST-ZIP	Lawtey, FL 32058	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William C Waldrop William C. Waldrop 1/25/95 (904)964-7124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

002B802