

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N01471 (4)

1. Corporation Name

NORTHSIDE BAPTIST CHURCH OF BRADFORD COUNTY, INC



Principal Place of Business

Mailing Address

CORNER OF SR 16 & CR 225  
STARKE FL 32091  
US

RT 2 BOX 2188  
STARKE FL 32091  
US

3. Date Incorporated or Qualified

02/16/1984

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALDROP, WILLIAM C  
RT 1 BOX 380  
LAWTEY FL 32058

81 Name

Joseph S. O'Guin

82

Street Address (P.O. Box Number is Not Acceptable)

83

County Road 793

84

City

Raiford

FL

85 Zip Code

32083

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Joseph S. O'Guin*  
Signature, type or printed name of registered agent and title (if applicable)

Joseph S. O'Guin, Treasurer

March 27, 1996

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME HAAS, DALE  
STREET ADDRESS RT 2 BOX 2677 N/A  
CITY- ST- ZIP STARKE FL

☐ DELETE

TITLE VD  
NAME RUPP, JIM  
STREET ADDRESS RT 4 BOX 3710 N/A  
CITY- ST- ZIP LAKE BUTLER FL

☒ DELETE

TITLE SD  
NAME WYNN, TRAVIS  
STREET ADDRESS RT 3 BOX 431 N/A  
CITY- ST- ZIP STARKE FL

☐ DELETE

TITLE TD  
NAME WALDROP, WILLIAM C  
STREET ADDRESS RT 1 BOX 380 N/A  
CITY- ST- ZIP LAWTEY FL

☒ DELETE

TITLE D  
NAME NICULA, PERRY  
STREET ADDRESS PO BOX 119 N/A  
CITY- ST- ZIP LAWTEY FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

P/T

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

V/T

William P. Moody

☒ Change ☐ Addition

Route 1 Box 350 N/A  
Lawtey, FL 32058

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

S/T

☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

T/T

Joseph S. O'Guin

☒ Change ☐ Addition

County Road 793 N/A  
Raiford, FL 32083

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

T

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\*\*\*\$61.25

☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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)(k), 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:

*Joseph S. O'Guin* Joseph S. O'Guin

March 27, 1996 (904) 964-7124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)