

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N01471 (4)
1. Corporation Name
NORTHSIDE BAPTIST CHURCH OF BRADFORD COUNTY, INCPrincipal Place of Business
CORNER OF SR 16 & CR 225
STARKE FL 32091
US
Mailing Address
RT 2 BOX 2188
STARKE FL 32091-8554
US

3. Date Incorporated or Qualified 02/16/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2510799	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Bradford	Bradford

9. Name and Address of Current Registered Agent

O'GUIN, JOSEPH S
COUNTY ROAD 793
RAIFORD FL 32083

10. Name and Address of New Registered Agent

81 Name Jerry Pilcher
82 Street Address (P.O. Box Number is Not Acceptable)
83 407 W. Lakeshore Dr.
84 City Starke, FL
85 Zip Code FL 32091

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 *Jerry Pilcher* Jerry Pilcher, Trustee / Treasurer Jan 22, 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE C/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HAAS, DALE		1.2 NAME Moody, William P.	
STREET ADDRESS RT 2 BOX 2677 N/A		1.3 STREET ADDRESS Rt. 1 Box 350 N/A	
CITY-ST-ZIP STARKE FL		1.4 CITY-ST-ZIP Lawtey, FL 32058	
TITLE VT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOODY, WILLIAM P		2.2 NAME Wynn, Travis	
STREET ADDRESS RT 1 BOX 350 N/A		2.3 STREET ADDRESS Rt. 3 Box 431 N/A	
CITY-ST-ZIP LAWTEY FL 32058		2.4 CITY-ST-ZIP Starke, FL 32091	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WYNN, TRAVIS		3.2 NAME Nicula, Perry	
STREET ADDRESS RT 3 BOX 431		3.3 STREET ADDRESS P.O. Box 119 N/A	
CITY-ST-ZIP STARKE FL		3.4 CITY-ST-ZIP Lawtey, FL 32058	
TITLE TT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'GUIN, JOSEPH S		4.2 NAME Pilcher, Jerry	
STREET ADDRESS COUNTY RD. 793 N/A		4.3 STREET ADDRESS 407 W. Lakeshore Dr.	
CITY-ST-ZIP RAIFORD FL 32083		4.4 CITY-ST-ZIP Starke, FL 32091	
TITLE T	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Tr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NICULA, PERRY		5.2 NAME Morgan, Ralph	
STREET ADDRESS PO BOX 119 N/A		5.3 STREET ADDRESS Rt. 5 Box 7735	
CITY-ST-ZIP LAWTEY FL		5.4 CITY-ST-ZIP Starke, FL 32091	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 P. Moody* William P. C/T January 22, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0001594

CR2E037 (9/96)