


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 CORNER OF SR 16 & CR 225 STARKE FL 32091 US | Mailing Address RT 2 BOX 2188 STARKE FL 32091 US |
|---|--|

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

3. Date Incorporated or Qualified
02/16/1984

| | |
|------------------------------------|--|
| 4. FEI Number 59-2510799 | Applied For <input type="checkbox"/> 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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**PILCHER, JERRY
407 W LAKESHORE DR
STARKE FL 32091**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--------------------|
| TITLE | CT |
| NAME | MOODY, WILLIAM P |
| STREET ADDRESS | RT 1 BOX 350 N/A |
| CITY-ST-ZIP | LAWTEY FL |
| TITLE | VT |
| NAME | WYNN, TRAVIS |
| STREET ADDRESS | RT 3 BOX 431 N/A |
| CITY-ST-ZIP | STARKE FL |
| TITLE | ST |
| NAME | NICULA, PERRY |
| STREET ADDRESS | P O OBOX 119 N/A |
| CITY-ST-ZIP | LAWTEY FL |
| TITLE | TT |
| NAME | PILCHER, JERRY |
| STREET ADDRESS | 407 W LAKESHORE DR |
| CITY-ST-ZIP | STARKE FL |
| TITLE | T |
| NAME | MORGAN, RALPH |
| STREET ADDRESS | RT 5 BOX 7735 |
| CITY-ST-ZIP | STARKE FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--------------------------|
| 1.1 TITLE | CT |
| 1.2 NAME | William P. Moody |
| 1.3 STREET ADDRESS | 21392 NW 38th Avenue N/A |
| 1.4 CITY-ST-ZIP | Lawtey, Florida 32058 |
| 2.1 TITLE | T |
| 2.2 NAME | Lawrence Patrick |
| 2.3 STREET ADDRESS | 22041 NW 61 Avenue N/A |
| 2.4 CITY-ST-ZIP | Lawtey, Florida 32058 |
| 3.1 TITLE | VT |
| 3.2 NAME | Perry Nicula |
| 3.3 STREET ADDRESS | P.O. Box 119 N/A |
| 3.4 CITY-ST-ZIP | Lawtey, Florida 32058 |
| 4.1 TITLE | T |
| 4.2 NAME | Robbie Underhill |
| 4.3 STREET ADDRESS | RT 2 Box 2445 N/A |
| 4.4 CITY-ST-ZIP | Starke, Florida 32091 |
| 5.1 TITLE | |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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:

[Signature]

4/24/98

904964-7124

CR2E037 (10/97)