

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01471

1. Entity 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 32091-9554  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2510799

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PILCHER, JERRY  
407 W LAKESHORE DR  
STARKE FL 32091

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CT  
NAME MOODY, WILLIAM P  
STREET ADDRESS 21392 NW 38TH AVE  
CITY-ST-ZIP LAWTEY FL 32058 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT  
NAME NICULA, PERRY  
STREET ADDRESS P O OBOX 119 N/A  
CITY-ST-ZIP LAWTEY FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TT  
NAME PILCHER, JERRY  
STREET ADDRESS 407 W LAKESHORE DR  
CITY-ST-ZIP STARKE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME UNDERHILL, ROBBIE  
STREET ADDRESS RT 2 BOX 2445  
CITY-ST-ZIP STARKE FL 32091 ☒ Delete

TITLE T  
NAME ABRAMS, WILLIAM M.  
STREET ADDRESS PO Box 356 N/A  
CITY-ST-ZIP Lake Butler, FL 32054 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE T  
NAME Poppy, David G  
STREET ADDRESS 2052 NW 223 ST  
CITY-ST-ZIP LAWTEY FL 32058 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry Pilcher

March 26, 2000

Date

Daytime Phone #

904-964

7124

CR2E037 (9/99)