

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01471

FILED  
Mar 31, 2008  
Secretary of State

**Entity Name:** NORTHSIDE BAPTIST CHURCH OF BRADFORD COUNTY, INC.

**Current Principal Place of Business:**

CORNER OF SR 16 & CR 225  
STARKE, FL 32091 US

**New Principal Place of Business:**

**Current Mailing Address:**

7415 NW CR 225  
STARKE, FL 32091 US

**New Mailing Address:**

7415 NW CR 225  
STARKE,, FL 32091

**FEI Number:** 59-2510799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DYAL, MARGARET D  
13883 SW CR 231  
BROOKER, FL 32622 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TT ( ) Delete  
Name: DYAL, MARGARET D  
Address: 13883 SW CR 231  
City-St-Zip: BROOKER, FL 32622

Title: T ( ) Delete  
Name: CLEMONS, JAMES  
Address: 21281 NW 62ND LANE  
City-St-Zip: STARKE, FL 32091

Title: T ( ) Delete  
Name: POPPY, DAVID G  
Address: 2052 NW 223 STREET  
City-St-Zip: LAWTEY, FL 32058

Title: T ( ) Delete  
Name: MOODY, WILLIAM  
Address: 21892 NW 38TH AVE.  
City-St-Zip: LAWTEY, FL 32058

Title: T ( ) Delete  
Name: STANLEY, BETTINA  
Address: PO BOX 245, 231 OAK ST.  
City-St-Zip: RAIFORD, FL 32083

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: STANLEY, BETTINA  
Address: PO BOX 804  
City-St-Zip: STARKE, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET D. DYAL

TT

03/31/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date