2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01471

1. Entity Name
NORTHSIDE BAPTIST CHURCH OF BRADFORD COUNTY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JUN 11 PM 12:38

Principal Place of Business
CORNER OF SR 16 & CR 225
STARKE, FL 32091 US

Mailing Address
7415 NW CR 225
STARKE,, FL 32091

06052008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
DYAL, MARGARET D
13883 SW CR 231
BROOKER, FL 32622

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25 ✓

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DYAL, MARGARET D	NAME	400131390564
STREET ADDRESS	13883 SW CR 231	STREET ADDRESS	06/17/08--01010--009 **70.00
CITY-ST-ZIP	BROOKER, FL 32622	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CLEMONS, JAMES	NAME	
STREET ADDRESS	21281 NW 62ND LANE	STREET ADDRESS	
CITY-ST-ZIP	STARKE, FL 32091	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	POPPY, DAVID G	NAME	
STREET ADDRESS	2052 NW 223 STREET	STREET ADDRESS	
CITY-ST-ZIP	LAWTEY, FL 32058	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MOODY, WILLIAM	NAME	
STREET ADDRESS	21892 NW 38TH AVE.	STREET ADDRESS	
CITY-ST-ZIP	LAWTEY, FL 32058	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STANLEY, BETTINA	NAME	
STREET ADDRESS	PO BOX 804	STREET ADDRESS	
CITY-ST-ZIP	STARKE, FL 32091	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☑ Addition
NAME	B 6/11/08	NAME	S
STREET ADDRESS		STREET ADDRESS	Hinman, Connie
CITY-ST-ZIP		CITY-ST-ZIP	PO Box 558 (2737 NW CR 125) No Receptical Lawtey FL 32058

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Margaret D Dyal — 6/9/08 — 352-485-1218
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #