2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N01471

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

New Mailing Address:

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	(X) 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 804	
City-St-Zip:	STARKE, FL 32091	
Title:	S	( ) Delete
Name:	HINMAN, CONNIE	
Address:	P.O. BOX 558 (2737 NW CR 125)	
City-St-Zip:	LAWETY, FL 32058	

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

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: CONNIE A. HINMAN SECT 04/30/2009
Electronic Signature of Signing Officer or Director — Date