

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04843

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** NORTH SIDE BAPTIST CHURCH OF PONCE DE LEON CORPORATION

**Current Principal Place of Business:**

2833 N HWY 81  
PONCE DE LEON, FL 32455

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 35  
PONCE DE LEON, FL 32455

**New Mailing Address:**

**FEI Number:** 59-2438976

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COMMANDER, GERALD  
RT. 1, BOX 272  
PONCE DE LEON, FL 32455 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: CHAI ( ) Delete  
Name: ADAMS, HERMAN L  
Address: 2477 RED ROAD  
City-St-Zip: PONCE DE LEON, FL 32455

Title: VC ( ) Delete  
Name: GILLIS, M.L.  
Address: 1369 GILLMAN RD.  
City-St-Zip: WESTVILLE, FL 32464

Title: SC ( ) Delete  
Name: LOCKE, BARBARA  
Address: 2932 SPRINGS RD.  
City-St-Zip: PONCE DE LEON, FL 32455

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

Title: CHAI (X) Change ( ) Addition  
Name: MCCOMBS, WILLIAM A  
Address: P O BOX 61  
City-St-Zip: PONCE DE LEON, FL 32455

Title: VC (X) Change ( ) Addition  
Name: ADAMS, DAVID  
Address: 2481 RED ROAD  
City-St-Zip: PONCE DE LEON, FL 32455

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: WILLIAM A MCCOMBS

CHAI

04/27/2009

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

\_\_\_\_\_  
Date