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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07217 (5)

1. Corporation Name
NORTHSIDE BAPTIST CHURCH OF WAUCHULA, INC.

Principal Place of Business	Mailing Address
% MICHAEL ROUSE 812 N EIGHTH AVE WAUCHULA FL 33872	% MICHAEL ROUSE 912 N EIGHTH AVE WAUCHULA FL 33873-2021

3. Date Incorporated or Qualified: 01/22/1985
3a. Date of Last Report: 06/03/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2316420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUMMERS, ZEDRA
RT. 2, BOX 27C
WAUCHULA FL 33873

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Zedra Summers 4/7/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	S	☒ Change ☐ Addition
NAME	SHUMARD, LESTER		1.2 NAME	Kelley, Priscilla	
STREET ADDRESS	801 N 8TH AVE		1.3 STREET ADDRESS	801 Altman Road	
CITY-ST-ZIP	WAUCHULA FL		1.4 CITY-ST-ZIP	Wauchula, FL 33873	
TITLE	S	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DARLEY, DIANNA		2.2 NAME		
STREET ADDRESS	1130 HUSS RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROUSE, PATRICIA		3.2 NAME		
STREET ADDRESS	1110 HUSS RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRIMES, FAYREE		4.2 NAME		
STREET ADDRESS	505 EAST BAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ALBRITTON, FLOYD		5.2 NAME		
STREET ADDRESS	907 SEMINOLE ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROBERSON, A. W		6.2 NAME		
STREET ADDRESS	107 N. FL. AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	WAUCHULA FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia Rouse 4/7/97 941-773-3402