

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90731 031 \*\*\*\*61.25

<b>DOCUMENT # N07217</b>					
1. Entity Name <b>NORTHSIDE BAPTIST CHURCH OF WAUCHULA, INC.</b>					
Principal Place of Business % MICHAEL ROUSE 912 N EIGHTH AVE WAUCHULA FL 33872			Mailing Address % MICHAEL ROUSE 912 N EIGHTH AVE WAUCHULA FL 33872		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2316420</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SUMMERS, ZEDRA RT. 2, BOX 27C WAUCHULA FL 33873</b>			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 <i>Zedra Summers</i>		Zedra Summers		4/29/04	
SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLEY, PRISCILLA		NAME		
STREET ADDRESS	801 ALTMAN RD		STREET ADDRESS		
CITY - ST - ZIP	WAUCHULA FL		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROUSE, PATRICIA		NAME		
STREET ADDRESS	1110 HUSS RD		STREET ADDRESS		
CITY - ST - ZIP	WAUCHULA FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIMES, FAYREE		NAME		
STREET ADDRESS	505 EAST BAY		STREET ADDRESS		
CITY - ST - ZIP	WAUCHULA FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBRITTON, FLOYD		NAME		
STREET ADDRESS	907 SEMINOLE ST.		STREET ADDRESS		
CITY - ST - ZIP	WAUCHULA FL		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERSON, A. W		NAME		
STREET ADDRESS	107 N. FL. AVE.		STREET ADDRESS		
CITY - ST - ZIP	WAUCHULA FL		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I 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 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: <i>Patricia Rouse</i>		4/29/04		Patricia Rouse	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	