


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N14183** (0)  
1. Corporation Name  
**NORTHSIDE BAPTIST CHURCH OF DADE CITY, INC.**

|                                                                                                   |                                                                                       |
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| Principal Place of Business<br><b>37047 LOCK ST<br/>PO BOX 1578<br/>DADE CITY FL 33526<br/>US</b> | Mailing Address<br><b>37047 LOCK ST<br/>PO BOX 1578<br/>DADE CITY FL 33526<br/>US</b> |
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|                                                                                                     |                                                                                          |
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| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                                                                                                                                                         |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/03/1986</b>                                                                                                                  | Applied For<br>Not Applicable         |
| 4. FEI Number<br><b>59-2350866</b>                                                                                                                                      |                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                               | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                                         | <b>\$5.00</b> May Be Added to Fees    |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                          |                                       |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

9. Name and Address of Current Registered Agent  
**LANGLEY, TOM  
12730 FORT KING ROAD  
DADE CITY FL 33525**

|                                                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. Name and Address of New Registered Agent<br>81 Name <b>Sapp, Douglas W</b><br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>39145 Clinton Ave</b><br>83<br>84 City <b>Dade City</b> <b>FL</b> 85 Zip Code <b>33525</b> |
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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 *Douglas W. Sapp* **DOUGLAS W. SAPP** 1-9-98  
(NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                     |                                                                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input checked="" type="checkbox"/> DELETE<br><b>DEEN, RAYMOND LUTHER<br/>12630 SMITH ROAD<br/>DADE CITY FL</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> DELETE<br><b>MATKIN, LEWIS ELLIS J<br/>PO BOX 806<br/>TRILBY FL</b>                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> DELETE<br><b>WILLIAMS, TED<br/>18531 REBECCA LANE<br/>DADE CITY FL</b>                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> DELETE<br><b>SAPP, DOUGLAS W<br/>39145 CLINTON AVE<br/>DADE CITY FL</b>                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input checked="" type="checkbox"/> DELETE<br><b>THOMPSON, EUGENE<br/>712 S 12 STREET<br/>DADE CITY FL</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b> <input type="checkbox"/> DELETE<br><b>JAYNES, COLBY<br/>39041 CLINTON AVE<br/>DADE CITY FL</b>                  |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12          |                                                                                                                                                                          |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY-ST-ZIP | <b>Tr /</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>T. D. Langley<br/>37204 Church St.<br/>Dade City, FL 33525</b> |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY-ST-ZIP | <b>Tr</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Don Ripple<br/>17380 Sweetwater Rd<br/>Dade City, FL 33523</b>              |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |

14. 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 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: *Douglas W. Sapp* **DOUGLAS W. SAPP** 1-9-98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)