02-23-1999 90042 033 ****61.25

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION. ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N14183

1. Corporation Name

NORTHSIDE BAPTIST CHURCH OF DADE CITY, INC.								1 (1010) 1010					
Principal Place of Business M				Mailing Address									
37047 LOCK ST PO BOX 1578 DADE CITY FL 33526 US				37047 LOCK ST PO BOX 1578 DADE CITY FL 33526 US									
2. Principal Pl	lace of Busin	ness	2a.	Mailing Addres	<u> </u>				3. Date incorporated or Qua	lifed	<u> </u>		
21			26]	04/03/1986				
Suite, Apt.	#, etc.			Suite, Apt. #, e	tc.				4. FEI Number			lied For	
22			27						59-2350866	···		Applicable	
City & State			\vdash	City & State				}	5. Certifcate of Status Desir	ed 🗌	\$8.75 A		
23			28	Zip Country					6 F1				
Zip	1	Country		Zip	30	Coontry			Election Campaign Finan Trust Fund Contribution	cing	\$5.00 M Added to	, ,	
24	9 Name	25 and Address of	(29)	stered Agent				ļ	10. Name and Address of I	iew Registere			
· · · · · · · · · · · · · · · · · · ·	3. INGILIE	alla Address O	Cultent Regis	torea Agont		81	Name						
SAPP. DO	W 2A ISH					82	Street	Addres	s (P.O. Box Number is Not Ac	ceptable)			
	INTON AVE	:					Olloot	7100100					
	Y FL 33525					83				÷			
						84	City			F	85 Zip C	ebo	
11. Pursuant	to the provis	ions of Sections	617.0502 and 6	17.1508. Florida	Statutes, t	the above	-named	corpor	ation submits this statement for	or the purpose	of changing its r	egistered	
· · · I di Sudi it	renietered an	ent or both in th	ie State of Florio	da. Such change	was autho	rized by	the como	oration'	's board of directors. I hereby	accept the app	cointment as reg	jistered }	
office or r agent, I a	m familiar w	ith, and accept th	e obligations of	, Section 617.05	03, Florida	Statutes.						i i	
agent. I a	ım familiar w	ith, and accept th	e obligations of	, Section 617.05	03, Florida	Statutes.	•		1-10.09	DATE.	· · · · · · · · · · · · · · · · · · ·		
agent. I a SIGNATURE	ım familiar w	ith, and accept the state of regions of regi	e obligations of	Section 617.05	03, Florida	Statutes.	•		/ - 10 - 99	DATE	:		
agent. I a SIGNATURE 12.	m familiar wi	ith, and accept the state of regions of regi	e obligations of	, Section 617.05	03, Florida NOTE: Regi	istered Agen	•	equired w	/ - /0 - 9 9 when reinstating) ADDITIONS/CHANGES T	DATE	:		
agent. I a SIGNATURE 12. TITLE	m familiar wi) Dog Signature, typed	ith, and accept the Science Science of Police Science of Police OFFIC	e obligations of	Section 617.05	03, Florida NOTE: Regi	istered Agent 13.	•	equired w	/ - /0 - 99 when reinstating) ADDITIONS/CHANGES T	DATE	AND DIRECTOR	RS IN 12	
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed TR LANGLEY	ith, and accept the control of the c	e obligations of	, Section 617.05	03, Florida NOTE: Regi	13. 1.1 TITLE 1.2 NAME	t signature r	Tr Ra	hen reinstating) ADDITIONS/CHANGES TO	DATE	AND DIRECTOR	RS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	TR LANGLEY 37204 CH	ith, and accept the second of	e obligations of	, Section 617.05	03, Florida NOTE: Regi	istered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature r	Tr Ra 12	ymond Deen 630 Sm.+h Rd	DATE	AND DIRECTOR	RS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LANGLEY 37204 CH DADE CIT	ith, and accept the control of the c	e obligations of	, Section 617.05	(NOTE: Reg	13. 1.1 TITLE 1.2 NAME	t signature r	Tr Ra 12	men reinstating) ADDITIONS/CHANGES To mond Deen 630 Smith Rd ade City, FL	DATE O OFFICERS	AND DIRECTOR	RS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TR LANGLEY 37204 CH DADE CIT	ith, and accept the second of region of the second of regions of the second of the sec	e obligations of	if applicable.	(NOTE: Regi	istered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature r	Tr Ra 12	men reinstating) ADDITIONS/CHANGES To mond Deen 630 Smith Rd ade City, FL	DATE O OFFICERS	AND DIRECTO	RS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TR LANGLEY 37204 CH DADE CIT TR RIPPLE, L	ith, and accept the second of region of region of region of region of region of region of the second of region of the second of region o	e obligations of	if applicable.	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	t aignature r ADORESS	Tr Ra 12 Dr Tr Wi	1-10-99 when reinstating) ADDITIONS/CHANGES TO ymond Deen 630 Smith Rd ade City, FL 1 fred Sapp 145 Clinton Av	DATE O OFFICERS	AND DIRECTO	RS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TR LANGLEY 37204 CH DADE CIT TR RIPPLE, CI 17380 SW	ith, and accept the second of	e obligations of	if applicable.	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS	Tr Ra 12 Dr Tr Wi	ymond Deen 630 Sm.+h Rd	DATE O OFFICERS	AND DIRECTO	RS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TR LANGLEY 37204 CH DADE CIT TR RIPPLE, C 17380 SW TRILBY FI	ith, and accept the second of	e obligations of	if applicable.	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	ADDRESS	Tr Ra 12 Do Tr Will Da	1-10-99 when reinstating) ADDITIONS/CHANGES TO ymond Deen 630 Smith Rd ode City, FL 1fred Sapp 145 Clinton Av de City, FL 333	DATE O OFFICERS	AND DIRECTO	RS IN 12	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TR LANGLEY 37204 CH DADE CIT TR RIPPLE, C 17380 SW TRILBY FI	ith, and accept the printed name of region of FIC The printed name of region of the printed name of the printed nam	e obligations of	if appropries	(NOTE: Regi	Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S	ADDRESS	Tr Ra 12 Do Tr Will Da	1-10-99 when reinstating) ADDITIONS/CHANGES TO ymond Deen 630 Smith Rd ode City, FL 1fred Sapp 145 Clinton Av de City, FL 333	DATE O OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	TR LANGLEY 37204 CH DADE CIT TR RIPPLE, C 17380 SW TRILBY FI WILLIAMS	ith, and accept the printed name of region of FIC TO HURCH ST TY FL 33525 OON VEETWATER RI L 33525 6, TED	e obligations of	if appropries	(NOTE: Regi	Statutes. 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP	Tr Ra 12 Tr W9 Da Tr HU	1-10-99 when reinstating) ADDITIONS/CHANGES TO ymond Deen 630 Smith Rd ade City, FL Ifred Sapp 145 Clinton Av de City, FL 333 bret Fox 130 Lake Iola 1	DATE O OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	TR LANGLEY 37204 CH DADE CIT TR RIPPLE, C 17380 SW TRILBY FI B WILLIAMS 18531 RE	or printed name of region of FIC of the state of the stat	e obligations of	if appropries	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP	Tr Ra 12 Tr W9 Da Tr HU	1-10-99 when reinstating) ADDITIONS/CHANGES TO ymond Deen 630 Smith Rd ade City, FL 1 fred Sapp 145 Clinton Av	DATE O OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TR LANGLEY 37204 CH DADE CIT TR RIPPLE, C 17380 SW TRILBY FI WILLIAMS	or printed name of region of FIC of the state of the stat	e obligations of	if appropries	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.3 STREET	T ADDRESS T-ZIP T ADDRESS T-ZIP	Tr Ra 12 Tr W9 Da Tr HU	1-10-99 when reinstating) ADDITIONS/CHANGES TO ymond Deen 630 Smith Rd ade City, FL Ifred Sapp 145 Clinton Av de City, FL 333 bret Fox 130 Lake Iola 1	DATE O OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP	TR LANGLEY 37204 CH DADE CIT TR RIPPLE, CI 17380 SW TRILBY FI B WILLIAMS 18531 RE DADE CIT D	or printed name of region of FIC of the state of the stat	e obligations of	F appropries	(NOTE: Regi	13. STREET 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 3.4 CITY-S 3.5 NAME 3.6 STREET 3.7 NAME 3.7 NAME 3.8 STREET 3.7 NAME	T ADDRESS T-ZIP T ADDRESS T-ZIP	Tr Ra 12 Tr W9 Da Tr HU	1-10-99 when reinstating) ADDITIONS/CHANGES TO ymond Deen 630 Smith Rd ade City, FL Ifred Sapp 145 Clinton Av de City, FL 333 bret Fox 130 Lake Iola 1	DATE O OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TOTALE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	TR LANGLEY 37204 CH DADE CIT TR RIPPLE, CI 17380 SW TRILBY FI B WILLIAMS 18531 RE DADE CIT D SAPP, DC	ith, and accept the printed name of region of FICO of	e obligations of	F appropries	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.1 TITLE 4.1 TITLE 4.1 TITLE 4.1 TITLE 4.1 TITLE	T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	Tr Ra 12 Tr W9 Da Tr HU	1-10-99 when reinstating) ADDITIONS/CHANGES TO ymond Deen 630 Smith Rd ade City, FL Ifred Sapp 145 Clinton Av de City, FL 333 bret Fox 130 Lake Iola 1	DATE O OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LANGLEY 37204 CH DADE CIT TR RIPPLE, CI 17380 SW TRILBY FI B WILLIAMS 18531 RE DADE CIT D SAPP, DC	ith, and accept the control of the c	e obligations of	F appropries	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.4 CITY-S	ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	Tr Ra 12 Tr W9 Da Tr HU	1-10-99 when reinstating) ADDITIONS/CHANGES TO ymond Deen 630 Smith Rd ade City, FL Ifred Sapp 145 Clinton Av de City, FL 333 bret Fox 130 Lake Iola 1	DATE O OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TR LANGLEY 37204 CH DADE CIT TR RIPPLE, CI 17380 SW TRILBY FI B WILLIAMS 18531 RE DADE CIT D SAPP, DC 39145 CL DADE CIT D	ith, and accept the control of the c	e obligations of	F appropries	(NOTE: Regi	STATUTES. 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE 5.1 TITLE 5.1 TITLE	ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	Tr Ra 12 Tr W9 Da Tr HU	1-10-99 when reinstating) ADDITIONS/CHANGES TO ymond Deen 630 Smith Rd ade City, FL Ifred Sapp 145 Clinton Av de City, FL 333 bret Fox 130 Lake Iola 1	DATE O OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LANGLEY 37204 CH DADE CIT TR RIPPLE, CI 17380 SW TRILBY FI B WILLIAMS 18531 RE DADE CIT D SAPP, DC 39145 CL DADE CIT D JAYNES,	ith, and accept the color of th	e obligations of	F appropries	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP T ADDRESS T-ZIP	Tr Ra 12 Tr W9 Da Tr HU	1-10-99 when reinstating) ADDITIONS/CHANGES TO ymond Deen 630 Smith Rd ade City, FL Ifred Sapp 145 Clinton Av de City, FL 333 bret Fox 130 Lake Iola 1	DATE O OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TR LANGLEY 37204 CH DADE CIT TR RIPPLE, CI 17380 SW TRILBY FI DADE CIT D SAPP, DC 39145 CL DADE CIT D JAYNES, 39041 CL	ith, and accept the color of th	e obligations of	F appropries	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET 5.3 STREET 5.3 STREET	T ADDRESS T-ZIP	Tr Ra 12 Tr W9 Da Tr HU	1-10-99 when reinstating) ADDITIONS/CHANGES TO ymond Deen 630 Smith Rd ade City, FL Ifred Sapp 145 Clinton Av de City, FL 333 bret Fox 130 Lake Iola 1	DATE O OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LANGLEY 37204 CH DADE CIT TR RIPPLE, CI 17380 SW TRILBY FI B WILLIAMS 18531 RE DADE CIT D SAPP, DC 39145 CL DADE CIT D JAYNES,	ith, and accept the color of th	e obligations of	if appropries. CTORS DEL DEL DEL	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 5.3 STREET 5.4 CITY-S 5.5 STREET 5.4 CITY-S 5.5 STREET 5.4 CITY-S 5.5 STREET 5.5 CITY-S	T ADDRESS T-ZIP	Tr Ra 12 Tr W9 Da Tr HU	1-10-99 when reinstating) ADDITIONS/CHANGES TO ymond Deen 630 Smith Rd ade City, FL Ifred Sapp 145 Clinton Av de City, FL 333 bret Fox 130 Lake Iola 1	DATE O OFFICERS	AND DIRECTOI Change Change Change	RS IN 12 Addition Addition Addition	
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TR LANGLEY 37204 CH DADE CIT TR RIPPLE, CI 17380 SW TRILBY FI DADE CIT D SAPP, DC 39145 CL DADE CIT D JAYNES, 39041 CL	ith, and accept the color of th	e obligations of	F appropries	(NOTE: Regi	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 4.1 TITLE 4.2 NAME 4.3 STREET 4.2 NAME 4.3 STREET 5.1 TITLE 5.2 NAME 5.3 STREET 5.3 STREET 5.3 STREET 5.3 STREET	T ADDRESS T-ZIP	Tr Ra 12 Tr W9 Da Tr HU	1-10-99 when reinstating) ADDITIONS/CHANGES TO ymond Deen 630 Smith Rd ade City, FL Ifred Sapp 145 Clinton Av de City, FL 333 bret Fox 130 Lake Iola 1	DATE O OFFICERS	AND DIRECTOI Change Change	RS IN 12 Addition 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, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

