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**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

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

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<b>NONPROFIT CORPORATION, ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14183**

1. Corporation Name

**NORTHSIDE BAPTIST CHURCH OF DADE CITY, INC.**

Principal Place of Business

37047 LOCK ST  
 PO BOX 1578  
 DADE CITY FL 33526  
 US

Mailing Address

37047 LOCK ST  
 PO BOX 1578  
 DADE CITY FL 33526  
 US

101075-90042-33



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/03/1986
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2350866
24 Country	29 Country	Applied For
	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		10. Name and Address of New Registered Agent

SAPP, DOUGLAS W  
 39145 CLINTON AVE  
 DADE CITY FL 33525

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

*Douglas Sapp*

1-10-99

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR	1.1 TITLE	Tr
NAME	LANGLEY, T D	1.2 NAME	Raymond Deen
STREET ADDRESS	37204 CHURCH ST	1.3 STREET ADDRESS	12630 Smith Rd
CITY-ST-ZIP	DADE CITY FL 33525	1.4 CITY-ST-ZIP	Dade City, FL
TITLE	TR	2.1 TITLE	Tr
NAME	RIPPLE, DON	2.2 NAME	Wilfred Sapp
STREET ADDRESS	17380 SWEETWATER RD	2.3 STREET ADDRESS	39145 Clinton Ave
CITY-ST-ZIP	TRILBY FL 33525	2.4 CITY-ST-ZIP	Dade City, FL 33525
TITLE	D	3.1 TITLE	Tr
NAME	WILLIAMS, TED	3.2 NAME	Hubert Fox
STREET ADDRESS	18531 REBECCA LANE	3.3 STREET ADDRESS	15630 Lake Iola Rd.
CITY-ST-ZIP	DADE CITY FL	3.4 CITY-ST-ZIP	Dade City, FL 33525
TITLE	D	4.1 TITLE	
NAME	SAPP, DOUGLAS W	4.2 NAME	
STREET ADDRESS	39145 CLINTON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	JAYNES, COLBY	5.2 NAME	
STREET ADDRESS	39041 CLINTON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

*Douglas Sapp*

1-10-99

Date

Daytime Phone #

CR2E037 (11/98)