

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14183

1. Entity Name

NORTHSIDE BAPTIST CHURCH OF DADE CITY, INC.

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90040 008 ****61.25

Principal Place of Business

Mailing Address

37047 LOCK ST
PO BOX 1578
DADE CITY FL 33526
US

37047 LOCK ST
PO BOX 1578
DADE CITY FL 33526-1578
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2350866

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAPP, DOUGLAS W
39145 CLINTON AVE
DADE CITY FL 33525

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME TR DEEN, RAYMOND
STREET ADDRESS 12630 SMITH RD.
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Change ☒ Addition
NAME Tr John Merchant
STREET ADDRESS 30456 Willow Bank Ave
CITY-ST-ZIP Brooksville, FL 34602

TITLE ☐ Delete
NAME TR RIPPLE, DON
STREET ADDRESS 17380 SWEETWATER RD
CITY-ST-ZIP TRILBY FL 33525

TITLE ☐ Change ☒ Addition
NAME Tr Harley Stallard
STREET ADDRESS 38234 Leo St.
CITY-ST-ZIP Dade City FL 33525

TITLE ☐ Delete
NAME TR SAPP, WILFRED
STREET ADDRESS 39145 CLINTON AVE.
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Change ☒ Addition
NAME T Brenda Mitchell
STREET ADDRESS 10827 Old Lakeland Hwy
CITY-ST-ZIP Dade City, FL 33525

TITLE ☐ Delete
NAME D SAPP, DOUGLAS W
STREET ADDRESS 39145 CLINTON AVE
CITY-ST-ZIP DADE CITY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME TR FOX, HUBRET
STREET ADDRESS 15630 LAKE IOLA RD.
CITY-ST-ZIP DADE CITY FL 33525

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Brenda Mitchell Treasurer 2/13/00 352-567-3234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)