

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14183

1. Entity Name

NORTHSIDE BAPTIST CHURCH OF DADE CITY, INC.

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2350866

Applied For

Not Applicable

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 NAME STREET ADDRESS CITY-ST-ZIP	TR MERCHANT, JOHN 30456 WILLOW BANK AVE BROOKSVILLE FL 34602	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR RIPPLE, DON 17380 SWEETWATER RD TRILBY FL 33525	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SAPP, WILFRED 39145 CLINTON AVE. DADE CITY FL 33525	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPP, DOUGLAS W 39145 CLINTON AVE DADE CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR STALLARD, HARLEY 38234 LEA ST DADE CITY FL 33525	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, BRENDA 10827 OLD LAKELAND HWY DADE CITY FL 33525	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Debbie Olzanski 10974 Hwy 301 Webster, FL 33597	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
Brenda Mitchell
Treasurer

1/16/01

352-567-3234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90005 045 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)