

2002 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 \$61.259. 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	S	<input type="checkbox"/> Delete
NAME	OLZANSKI, DEBBIE	
STREET ADDRESS	10974 HWY 301	
CITY-ST-ZIP	WEBSTER FL 33597	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TR	<input type="checkbox"/> Delete
NAME	RIPPLE, DON	
STREET ADDRESS	17380 SWEETWATER RD	
CITY-ST-ZIP	TRILBY FL 33525	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TR	<input type="checkbox"/> Delete
NAME	SAPP, WILFRED	
STREET ADDRESS	39145 CLINTON AVE.	
CITY-ST-ZIP	DADE CITY FL 33525	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SAPP, DOUGLAS W	
STREET ADDRESS	39145 CLINTON AVE	
CITY-ST-ZIP	DADE CITY FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TR	<input type="checkbox"/> Delete
NAME	STALLARD, HARLEY	
STREET ADDRESS	38234 LEA ST	
CITY-ST-ZIP	DADE CITY FL 33525	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	MITCHELL, BRENDA	
STREET ADDRESS	10827 OLD LAKELAND HWY	
CITY-ST-ZIP	DADE CITY FL 33525	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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
Brenda Mitchell

1/17/02

352-567-1326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90091 042 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)