

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90051 007 \*\*\*\*61.25

**DOCUMENT # N14183**

1. Entity 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**

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete  
NAME **OLZANSKI, DEBBIE**  
STREET ADDRESS **10974 HWY 301**  
CITY-ST-ZIP **WEBSTER FL 33597**

TITLE **S/D** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

TITLE **T/D** ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TR** ☒ Delete  
NAME **STALLARD, HARLEY**  
STREET ADDRESS **38234 LEA ST**  
CITY-ST-ZIP **DADE CITY FL 33525**

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

TITLE **T** ☐ Delete  
NAME **MITCHELL, BRENDA**  
STREET ADDRESS **10827 OLD LAKELAND HWY**  
CITY-ST-ZIP **DADE CITY FL 33525**

TITLE **T/D** ☐ 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:**

*Douglas W. Sapp*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-04**

Date

**567-0775**

Daytime Phone #