2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14183

FILED Feb 06, 2006 Secretary of State

Entity Name: NORTHSIDE BAPTIST CHURCH OF DADE CITY, INC.

Current Principal Place of Business:

New Principal Place of Business:

37047 LOCK ST PO BOX 1578

DADE CITY, FL 33526 US

Current Mailing Address: New Mailing Address:

37047 LOCK ST PO BOX 1578

DADE CITY, FL 33526 US

FEI Number: 59-2350866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAPP, DOUGLAS W MITCHELL, BRENDA G
39145 CLINTON AVE 10827 OLD LAKELAND HWY
DADE CITY, FL 33525 US DADE CITY, FL 33525 US

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: BRENDA MITCHELL 02/06/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD () Delete Title: S (X) Change () Addition Name: OLZANSKI, DEBBIE ROBINETTE, DEBBIE

 Name:
 OLZANSKI, DEBBIE
 Name:
 ROBINETTE, DEBBIE

 Address:
 10974 HWY 301
 Address:
 10974 HWY 301

 City-St-Zip:
 WEBSTER, FL 33597
 City-St-Zip:
 WEBSTER, FL 33597

Title: TR () Delete Title: TR (X) Change () Addition Name: SAPP, WILFRED Name: HOLLOWAY, LORI

Address: 39145 CLINTON AVE. Address: 10823 OLD LAKELAND HWY
City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33525

Title: TD () Delete Title: TD (X) Change () Addition Name: SAPP, DOUGLAS W SAPP, DOUGLAS W

 Address:
 39145 CLINTON AVE
 Address:
 39145 CLINTON AVE

 City-St-Zip:
 DADE CITY, FL
 City-St-Zip:
 DADE CITY, FL
 33525

Title: TD () Delete Title: () Change () Addition

 Name:
 MITCHELL, BRENDA
 Name:

 Address:
 10827 OLD LAKELAND HWY
 Address:

 City-St-Zip:
 DADE CITY, FL 33525
 City-St-Zip:

Title: TR () Change (X) Addition

 Name:
 Name:
 PAYNE, ORAL R

 Address:
 Address:
 10970 S. HWY 301

 City-St-Zip:
 City-St-Zip:
 WEBSTER, FL 33597

 Name:
 Name:
 PAYNE, IRIS

 Address:
 Address:
 10970 S. HWY 301

 City-St-Zip:
 City-St-Zip:
 WEBSTER, FL 33597

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA MITCHELL TD 02/06/2006