

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90035 036 \*\*\*\*70.00

<b>DOCUMENT # N14183</b> 1. Entity Name NORTHSIDE BAPTIST CHURCH OF DADE CITY, INC.			
Principal Place of Business 37047 LOCK ST <del>PO BOX 1578</del> DADE CITY, FL 33526 US		Mailing Address 37047 LOCK ST PO BOX 1578 DADE CITY, FL 33526 US	
2. Principal Place of Business - No P.O. Box # 37047 Lock Street Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1578 Suite, Apt. #, etc.	
City & State Dade City, FL Zip <u>FL 33525</u> Country		City & State Dade City FL Zip <u>33526</u> Country	
4. FEI Number 59-2350866		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MITCHELL, BRENDA G 10827 OLD LAKELAND HWY DADE CITY, FL 33525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINETTE, DEBBIE 10974 HWY 301 WEBSTER, FL 33597	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HOLLOWAY, LORI 10823 OLD LAKELAND HWY DADE CITY, FL 33525	<input type="checkbox"/> Delete	TR Carla Massero 208 S. Main Street Bushnell, FL 33513
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAPP, DOUGLAS W 39145 CLINTON AVE DADE CITY, FL 33525	<input type="checkbox"/> Delete	TR Betty Butler 36735 Trina Road Dade City, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITCHELL, BRENDA 10827 OLD LAKELAND HWY DADE CITY, FL 33525	<input type="checkbox"/> Delete	TR PAYNE, ORAL R 10970 S. HWY 301 WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PAYNE, IRIS 10970 S. HWY 301 WEBSTER, FL 33597	<input checked="" type="checkbox"/> Delete	TR PAYNE, IRIS 10970 S. HWY 301 WEBSTER, FL 33597
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE:</b> <u>Brenda Mitchell</u>		<u>4/9/07 352-457-3414</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	