

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14183

FILED  
Feb 08, 2008  
Secretary of State

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

**Current Principal Place of Business:**

37047 LOCK ST  
DADE CITY, FL 33526 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1578  
DADE CITY, FL 33526 US

**New Mailing Address:**

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

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

MITCHELL, BRENDA G  
10827 OLD LAKELAND HWY  
DADE CITY, FL 33525 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: ROBINETTE, DEBBIE  
Address: 10974 HWY 301  
City-St-Zip: WEBSTER, FL 33597

Title: TR ( ) Delete  
Name: HOLLOWAY, LORI  
Address: 10823 OLD LAKELAND HWY  
City-St-Zip: DADE CITY, FL 33525

Title: TD ( ) Delete  
Name: SAPP, DOUGLAS W  
Address: 39145 CLINTON AVE  
City-St-Zip: DADE CITY, FL 33525

Title: TD ( ) Delete  
Name: MITCHELL, BRENDA  
Address: 10827 OLD LAKELAND HWY  
City-St-Zip: DADE CITY, FL 33525

Title: TR ( ) Delete  
Name: BUTLER, BETTY  
Address: 36735 TRINA RD  
City-St-Zip: DADE CITY, FL 33523

Title: TR ( ) Delete  
Name: MASSERO, CARLA  
Address: 208 S MAIN STREET  
City-St-Zip: BUSHNELL, FL 33513

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

02/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date