2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N14183

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:	
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 03/04/2009
Electronic Signature of Signing Officer or Director — Date