

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 APR -4 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N19206 (4)
1. Corporation Name
NORTHSIDE BAPTIST CHURCH OF BROOKSVILLE, INC.

Principal Place of Business Mailing Address
**11014 N BROAD ST
BROOKSVILLE FL 34605
US** **11014 N BROAD ST
BROOKSVILLE FL 34605
US**

3. Date Incorporated or Qualified **02/12/1987** 3a. Date of Last Report **04/15/1994**
4. FEI Number **59-2202975** Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	5. Certificate of Status Desired ☐ \$8.75 Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required 8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent

**TANKERSLEY, LESTER
11054 N BOARD STREET
BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Lester Tankersley
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DIXON, BARMELL
STREET ADDRESS	1200 OLD HAMMOCK RD
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	D
NAME	KRUSE, ELLA
STREET ADDRESS	900-3083 U.S. 41 N.
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	D
NAME	CROSBY, HELEN
STREET ADDRESS	25209 MALVERN STREET
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	D
NAME	WHITE, BUFORD
STREET ADDRESS	18293 FT. DATE AVENUE
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	D
NAME	SINGER, JAMES
STREET ADDRESS	900-3003 U.S. 41 N.
CITY - ST - ZIP	BROOKSVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

THW
4/4/95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Buford L. White* *Buford L. White* **MARCH 26, 1995** **254-6767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #