

FILE NOW: FILING FEE IS \$61.2

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. Moore  
Secretary of State  
DIVISION OF CORPORATIONS

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

Principal Place of Business

11014 N BROAD ST  
BROOKSVILLE FL 34605  
US

Mailing Address

11014 N BROAD ST  
BROOKSVILLE FL 34605  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1987		3a. Date of Last Report 04/04/1995	
21		26		4. FEI Number 59-2202975		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

TANKERSLEY, LESTER  
11054 N BOARD STREET  
BROOKSVILLE FL 34601

81 Name  
LeRoy H. Brewer  
82 Street Address (P.O. Box Number is Not Acceptable)  
108 Chatfield Dr.  
83  
84 City  
Brocksville FL 85 Zip Code  
34601

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *LeRoy H. Brewer* LeRoy H. Brewer 3/20/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, BARMELL	1.2 NAME	
STREET ADDRESS	1200 OLD HAMMOCK RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUSE, ELLA	2.2 NAME	
STREET ADDRESS	900-3083 U.S. 41 N.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, HELEN	3.2 NAME	
STREET ADDRESS	25209 MALVERN STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, BUFORD	4.2 NAME	
STREET ADDRESS	18293 FT. DATE AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGER, JAMES	5.2 NAME	
STREET ADDRESS	900-3003 U.S. 41 N.	5.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 119.07(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 3-20-96 754-6767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)