## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(4)

## **FILED** Feb 26 1998 8:00am Secretary of State

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 348 US	BROOKSVILLE FL 34805		<ol> <li>Date Incorporated or Qualified</li> <li>02/12/1987</li> <li>FEI Number</li> <li>59-2202975</li> </ol>	Applied For Not Applicable
2. Principal Place of Business 21		2e. Mailing Address 26	26		Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?  Yes  No	
Zip <b>24</b>	Country 25	<b>Z</b> ip <b>29</b>	· Country	1	<ol> <li>This corporation owes or has paid Personal Property Tax due June 3</li> </ol>	30. 🔲 Yes 🔣 No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
Brewer, Leroy H. 108 Chatfield Drive Brooksville fl 34601				82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84	City		FL 85 Zip Code
office or re agent. I an	egistered agent, or both, in in familiar with, and accept	s 617.0502 and 617.1508, Florida St the State of Florida. Such change w the obligations of, Section 617.0503	vas authorized by	the corpor.	rporation submits this statement for the pu ation's board of directors. I hereby accept	rpose of changing its registered
SIGNATURE 4	Signature, typed or stinted name of re	egistured agent and title if applicable.	(NOTE: Registered Co	ent signature reg	julred when reinetating)	DATE
12.	OFFIC	CERS AND DIRECTORS	13.	<del> </del>	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		D	Change 🔀 Addition
NAME STREET ADDRESS	KRUSE, ELLA 900-3083 U.S. 41 N.		1.2 NAME 1.3 STREET	ADDRESS 2	seorge Gemoules	•
	8588441415 E			122		

CITY-ST-ZIP <u>Brooksylle fl</u> 1.4 CITY-ST-ZIP BROOKSUILLE FI DELETE 2.1 TITLE Change \_\_\_ Addition TITLE CROSBY, HELEN NAME 2.2 NAME 25209 MALVERN STREET STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP Brooksville fl 2.4 CITY-ST-ZIP DELETE Change TITLE 3.1 TITLE Addition WHITE, BUFORD NAME 3.2 NAME STREET ADDRESS 18293 FT. DATE AVENUE 3.3 STREET ADDRESS **BROOKSVILLE FL** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition | 4.1 TITLE TITLE PARROTT JUDY NAME 4.2 NAME STREET ADDRESS 21372 LINCOLN RD 4.3 STREET ADDRESS Brooksville fl CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE WHITMAN GARY NAME 5.2 NAME 7190 GRIFFIN RD STREET ADDRESS **5.3 STREET ADDRESS BROOKSVILLE FL** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 8.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADORESS** 6.4 CITY-ST-ZIP

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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