

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19206

1. Entity 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 34601-4862
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2202975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREWER, LEROY H.
108 CHATFIELD DRIVE
BROOKSVILLE FL 34601

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

DATE

4/27/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GEMOULES, GEORGE	
STREET ADDRESS	21278 CAMPBELL DR	
CITY-ST-ZIP	BROOKSVILLE FL 34601	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSBY, HELEN	
STREET ADDRESS	25209 MALVERN STREET	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, BUFORD	
STREET ADDRESS	18293 FT. DATE AVENUE	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARROTT JUDY	
STREET ADDRESS	21372 LINCOLN RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITMAN GARY	
STREET ADDRESS	7190 GRIFFIN RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roger Wright	
STREET ADDRESS	1200 WEST JEFFERSON	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ooug BURTON	
STREET ADDRESS	11243 BUCKHOLLOW RD	
CITY-ST-ZIP	BROOKSVILLE, FL 34601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Buford White* *Buford White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

352-796-4755

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE