

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90209 018 \*\*\*\*61.25

**DOCUMENT # N19206**

1. Entity 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**

**800800003**



DO NOT WRITE IN THIS SPACE

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~~

*delete*

Name

**RICHARD SWEADE**

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

**21378 CANAL DR**

City

**BROOKSVILLE**

**FL**

Zip Code

**34601**

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 **RICHARD SWEADE**

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

*Richard Sweade*

(NOTE: Registered Agent signature required when reinstating)

**4-10-02**

DATE

**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** ☐ Delete  
 NAME **EMERSON, VIOLA**  
 STREET ADDRESS **21397 CANAL DR.**  
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **D** ☐ Delete  
 NAME **SHEMEWELL, PHIL**  
 STREET ADDRESS **21378 LINCOLN RD.**  
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **D** ☐ Delete  
 NAME **WHITE, BUFORD**  
 STREET ADDRESS **18293 FT. DATE AVENUE**  
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE **D** ☐ Delete  
 NAME **SWEADE, RICHARD**  
 STREET ADDRESS **21372 LINCOLN RD CANAL DR**  
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **JUANITA LAMONT** ☐ Delete  
 NAME ~~**JUANITA LAMONT**~~  
 STREET ADDRESS ~~**1515 SABRA DR**~~  
 CITY-ST-ZIP ~~**BROOKSVILLE FL 34601**~~

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE **T** ☐ Change ☒ Addition  
 NAME **JUANITA LAMONT**  
 STREET ADDRESS **1515 SABRA DR**  
 CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

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: *Phil Shevell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-02**

DATE

**352-799-7850**

DAYTIME PHONE #

CR2E037 (9/01)