

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90108 039 ****61.25

DOCUMENT # N19206

1. Entity Name

NORTHSIDE BAPTIST CHURCH OF BROOKSVILLE, INC.



Principal Place of Business

**11014 N BROAD ST
BROOKSVILLE FL 34805
US**

Mailing Address

**11014 N BROAD ST
BROOKSVILLE FL 34805
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

**SWEADE, RICHARD
21378 CANAL DR
BROOKSVILLE FL 34801**

7. Name and Address of New Registered Agent

Name **Chesser, Walter Cullen**

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

11054 N. Broad St.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Walter C. Chesser

4-15-03

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **EMERSON, VIOLA**
STREET ADDRESS **21397 CANAL DR.**
CITY-ST-ZIP **BROOKSVILLE FL 34801**

TITLE **D** ☒ Delete
NAME **SHEMEWELL, PHIL**
STREET ADDRESS **21378 LINCOLN RD.**
CITY-ST-ZIP **BROOKSVILLE FL 34801**

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**
CITY-ST-ZIP **BROOKSVILLE FL 34801**

TITLE **T** ☒ Delete
NAME **LAMONT, JUANITA**
STREET ADDRESS **1515 SABRA DR.**
CITY-ST-ZIP **BROOKSVILLE FL 34801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Gene McCall**
STREET ADDRESS **7122 South Fl. Ave.**
CITY-ST-ZIP **FLORAL CITY, FL. 34436**

TITLE **Director** ☐ Change ☒ Addition
NAME **Cynthia H. Newton**
STREET ADDRESS **6290 Cove wood Dr.**
CITY-ST-ZIP **Spring Hill, FL 34609**

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

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

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

TITLE ☐ Change ☐ 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:

Cynthia H. Newton

4-29-03 352-684-0493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)