FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40026 (9)

1. Corporation Name

NORTHSIDE BAPTIST CHURCH OF DELAND, INCORPORATED

Principal Place of Business	Mailing Address
1010 N ALABAMA AVE 1005 SHAYLER ROAD DELAND FL 32724 US	1010 N. ALABAMA AVE 1005 SHAYLER ROAD DELAND FL 32724 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1990
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-1956172 — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ORTIZ, JOSUE
429 EAST PLYMOUTH AVENUE
DELAND FL 32724

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
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	~~P~~	1.1 TITLE	TD	☑ Change ☐ Addition
NAME	~~KELLEY, SR. C~~	1.2 NAME	Richard Mullins	
STREET ADDRESS	~~530 N. SPARKMAN~~	1.3 STREET ADDRESS	100 WILD ELM Court	
CITY-ST-ZIP	~~ORANGE CITY FL~~	1.4 CITY-ST-ZIP	Sanford, FL	
TITLE	~~TD~~	2.1 TITLE	P	☑ Change ☐ Addition
NAME	ORTIZ, JOSUE	2.2 NAME	ORTIZ, JOSUE	
STREET ADDRESS	429 EAST PLYMOUTH AVENUE	2.3 STREET ADDRESS	429 EAST Plymouth Avenue	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	Deland, FL	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	TOWNSEND, RUTH	3.2 NAME		
STREET ADDRESS	330 OAK DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, KATHY	4.2 NAME		
STREET ADDRESS	1017 E HOURY AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	WLASEINSKI, CYNTHIA	5.2 NAME		
STREET ADDRESS	2515 E LAKE DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE		☐ Change ☐ Addition
NAME	CHANDLER, ROBERT	6.2 NAME		
STREET ADDRESS	200 MOLLY AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or again in attachment with an address.

SIGNATURE: Josue Ortiz — Josue Ortiz — 12/26/95 — (407) 668-6522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00031223