

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90118 042 ****61.25

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DOCUMENT # N40026

1. Corporation Name

NORTHSIDE BAPTIST CHURCH OF DELAND, INCORPORATED

Principal Place of Business

1010 N ALABAMA AVE
DELAND FL 32724
US

Mailing Address

1010 N ALABAMA AVE
DELAND FL 32724
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/17/1990

4. FEI Number

59-1956172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE **D** ☐ DELETE
NAME **MULLINS, RICHARD**
STREET ADDRESS **100 WILD ELM COURT**
CITY-ST-ZIP **SANFORD FL**

TITLE **PD** ☐ DELETE
NAME **OTTIZ, JOSUE**
STREET ADDRESS **429 EAST PLYMOUTH AVENUE**
CITY-ST-ZIP **DELAND FL**

TITLE **D** ☒ DELETE
NAME **TOWNSEND, RUTH**
STREET ADDRESS **330 OAK DRIVE**
CITY-ST-ZIP **DELAND FL**

TITLE **D** ☐ DELETE
NAME **FOSTER, SHELLEY**
STREET ADDRESS **5805 WEST STREET**
CITY-ST-ZIP **DELEON SPRINGS FL 32130**

TITLE **TD** ☐ DELETE
NAME **WLASEINSKI, CYNTHIA**
STREET ADDRESS **2515 E LAKE DR**
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Michelle Golden**
1.3 STREET ADDRESS **1459 First Ave.**
1.4 CITY-ST-ZIP **DELAND, FL, 32724**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Josue Ortiz 1/10/99

734-4848
Daytime Phone #

CR2E037 (11/98)