

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90129 018 \*\*\*\*61.25

**DOCUMENT # N40026**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-1956172

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

TEMPLE, ARLENE  
833 N TUXEDO AVE  
DELAND FL 32724

Name

MULLINS, Richard

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

329 Spring LAKE Dr.

City

DELAND

FL

Zip Code

32724

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

RICHARD MULLINS

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

(NOTE: Registered Agent signature required when reinstating)

4/6/04

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	DM	<input type="checkbox"/> Delete
NAME	MULLINS, RICHARD	
STREET ADDRESS	329 SPRING LAKE DR	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	TEMPLE, ARLENE	
STREET ADDRESS	833 N TUXEDO AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	DM	<input checked="" type="checkbox"/> Delete
NAME	ORTIZ, JOE	
STREET ADDRESS	429 E PLYMOUTH AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	DM	<input checked="" type="checkbox"/> Delete
NAME	SCHEURER, STEVE	
STREET ADDRESS	1045 LINDLEY BLVD	
CITY-ST-ZIP	DELAND FL 32724	
TITLE	DM	<input checked="" type="checkbox"/> Delete
NAME	BEDWELL, BOB	
STREET ADDRESS	1205 N AMELIA AVE	
CITY-ST-ZIP	DELAND FL 32724	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Fifield, Wanda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	133 South Julia	
STREET ADDRESS	DeLand, FL 32720	
CITY-ST-ZIP		
TITLE	Linderman, Pete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	730 S. Montgomery Ave.	
STREET ADDRESS	DeLand, FL 32720	
CITY-ST-ZIP		
TITLE	Miles, Shawn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2222 6th Ave	
STREET ADDRESS	DeLand, FL 32724	
CITY-ST-ZIP		
TITLE	Wlascinski, Cynthia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	410 Brentwood Ave.	
STREET ADDRESS	DeLand, FL 32724	
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:

RICHARD MULLINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04

Date

386-734-4848

Daytime Phone #