2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 03, 2006 8:00 am Secretary of State DOJUMENT # N40026 1. Entity Name 04-03-2006 90402 001 ****61.25 NORTHSIDE BAPTIST CHURCH OF DELAND, **INCORPORATED** Principal Place of Business Mailing Address 1010 N ALABAMA AVE 1010 N ALABAMA AVE DELAND FL 32724 DELAND FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1956172 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MULLINS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 329 SPRING LAKE DR. DELAND FL 32724 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Delete TITLE ☐ Change ☐ Addition MULLINS, RICHARD NAME 329 SPRING LAKE DR STREET ADDRESS STREET ADDRESS DELAND FL 32724 CITY-ST-7IP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ■ Addition BEACH, JANET NAME NAME 428 LECILE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CiTY-ST-ZIE FIFIELD, WANDA TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS 133 S JULIA STREET ADDRESS CITY-ST-ZIP DELAND FL 32720 CITY-ST-7IP Cynthia Delete TITLE Change ☐ Addition NAME WLASCINSKI, CYTHIA NAME STREET ADDRESS 410 BRENTWOOD AVE STREET ADDRESS DELAND FL 32724 CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WREDT, CHRIS NAME NAME 230 VALENCIA CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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. address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY - ST- 7IP

FILED