

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90038 009 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

MULLINS, RICHARD
329 SPRING LAKE DR.
DELAND FL 32724

7. Name and Address of New Registered Agent

Name

Wredt, Christopher

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

125 E Kentucky Ave

DeLand

City

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/08

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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 | <input checked="" type="checkbox"/> Delete |
| NAME | MULLINS, RICHARD | |
| STREET ADDRESS | 329 SPRING LAKE DR | |
| CITY-ST-ZIP | DELAND FL 32724 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BEACH, JANET | |
| STREET ADDRESS | 428 LECILE DR | |
| CITY-ST-ZIP | DELAND FL 32724 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | FIELD, WANDA | |
| STREET ADDRESS | 133 S JULIA | |
| CITY-ST-ZIP | DELAND FL 32720 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WLASCINSKI, CYNTHIA | |
| STREET ADDRESS | 385 SPRING LAKE DR | |
| CITY-ST-ZIP | DELAND FL 32724 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | WREDT, CHRIS | |
| STREET ADDRESS | 230 VALENCIA CT | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 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 life empowered.

SIGNATURE:

[Signature]

William Christopher Wredt

3-4-08 386 7170296