

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90045 018 ****61.25

DOCUMENT # N42083

1. Entity Name

NORTHSIDE MISSIONARY BAPTIST CHURCH OF OCALA, I NC.

Principal Place of Business

Mailing Address

2321 N.E. 11TH AVE
 OCALA FL 34470
 US

2321 N.E. 11TH AVE
 OCALA FL 34470
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1883559

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLBUR, HATCHER
2621 N E 7TH AVE
OCALA FL 34478

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LAHMANN, CHESTER	
STREET ADDRESS	2321 NE 11TH AVE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	P	<input type="checkbox"/> Delete
NAME	HATCHER, WILBUR	
STREET ADDRESS	3201 SE 37 PL	
CITY-ST-ZIP	OCALA FL	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	MERRITT, STEVE	
STREET ADDRESS	2570 NW 155TH STREET	
CITY-ST-ZIP	CITRA FL	
TITLE	TDT	<input type="checkbox"/> Delete
NAME	FARMER EWING E	
STREET ADDRESS	20840 4TH ST	
CITY-ST-ZIP	MCINTOSH FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BARRETT, NELSON	
STREET ADDRESS	1710 NE 49TH AVE	
CITY-ST-ZIP	OCALA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SAULS, JAY	
STREET ADDRESS	1506 NE 37 ST	
CITY-ST-ZIP	OCALA FL 34479	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael A. Brumback	
STREET ADDRESS	2321 N.E. 11th. Ave.	
CITY-ST-ZIP	Ocala, FL 34470	
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		
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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 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: *Willbur Hatcher* Willbur Hatcher ³⁵² 1-20-02 867-7817
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)