


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N42083 1. Entity Name NORTHSIDE MISSIONARY BAPTIST CHURCH OF OCALA, INC.	
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Principal Place of Business 2321 N.E. 11TH AVE OCALA, FL 34470 US	Mailing Address 2321 N.E. 11TH AVE OCALA, FL 34470 US
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1883559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 re-electing) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000089939 03/16/04-80009-005 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHEAL, BRUMBACK 2321 NE 11TH AVE OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HATCHER, WILBUR 3201 SE 37 PL OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT MERRITT, STEVE 2570 NW 155TH STREET CITRA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDY FARMER EWING E 20840 4TH ST MCINTOSH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BARRETT, NELSON 1710 NE 49TH AVE OCALA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SAULS, JAY 1506 NE 37 ST OCALA, FL 34479

**DO NOT WRITE
IN THIS SPACE**

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: *Ewing E. Farmer* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** (14 Mar 04) 591-1593 ³⁵²