


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northrup</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000002516 (0)</b> 1. Corporation Name <b>NORTHSIDE MISSIONARY BAPTIST CHURCH OF LAKE LAND, FLORIDA, INC.</b>			
Principal Place of Business <b>1603 WASHINGTON AVE. LAKE LAND FL 33805</b>		Mailing Address <b>1603 WASHINGTON AVE. LAKE LAND FL 33805-3146</b>	
2. Principal Place of Business <b>21 Northside Missionary Baptist Church</b> Suite, Apt. #, etc.		2a. Mailing Address <b>21 1603 Washington Av.</b> Suite, Apt. #, etc.	
22 City & State <b>23 Lakeland, FL</b> Zip <b>24 33805</b>		28 City & State <b>28 Lakeland, FL</b> Zip <b>29 33805</b>	
25 Country <b>25</b>		30 Country <b>30 Polk</b>	
9. Name and Address of Current Registered Agent <b>JORDAN, ARTHUR W II 140 WESTWIND DR. DAVENPORT FL 33837</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL 85 Zip Code</b>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE: <i>Arthur W. Jordan II</i> DATE: <i>3/10/97</i> (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP President</b> NAME <b>JORDAN, ARTHUR W II</b> STREET ADDRESS <b>P.O. BOX 90133</b> CITY-ST-ZIP <b>LAKE LAND FL 33804 33809</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Asst. Assistant Treasurer</b> 1.2 NAME <b>Barbara Rhodes</b> 1.3 STREET ADDRESS <b>12532 Rockridge Rd.</b> 1.4 CITY-ST-ZIP <b>Lakeland, Fla. 33809</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>DAV</b> NAME <b>DAV</b> STREET ADDRESS <b>DAV</b> CITY-ST-ZIP <b>DAV</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>church clerk &amp; trustee</b> 2.2 NAME <b>Joyce Waring</b> 2.3 STREET ADDRESS <b>1500 W. Highland St Lot #180</b> 2.4 CITY-ST-ZIP <b>Lakeland, Fla. 33801</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>DT Treasurer</b> NAME <b>ROBINSON, DEACON R</b> STREET ADDRESS <b>1205 ALAMEDA DR. S.</b> CITY-ST-ZIP <b>LAKE LAND FL 33805</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>Trustee</b> 3.2 NAME <b>JORDAN, LINDA G</b> 3.3 STREET ADDRESS <b>P.O. BOX 90133</b> 3.4 CITY-ST-ZIP <b>LAKE LAND FL 33804</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DS</b> NAME <b>JORDAN, LINDA G</b> STREET ADDRESS <b>P.O. BOX 90133</b> CITY-ST-ZIP <b>LAKE LAND FL 33804</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>Trustee</b> 4.2 NAME <b>Barry S. Waring</b> 4.3 STREET ADDRESS <b>1500 W. Highland St Lot #180</b> 4.4 CITY-ST-ZIP <b>Lakeland, Fla. 33801</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>Trustee</b> NAME <b>Barry S. Waring</b> STREET ADDRESS <b>1500 W. Highland St Lot #180</b> CITY-ST-ZIP <b>Lakeland, Fla. 33801</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>Trustee</b> 5.2 NAME <b>Barry S. Waring</b> 5.3 STREET ADDRESS <b>1500 W. Highland St Lot #180</b> 5.4 CITY-ST-ZIP <b>Lakeland, Fla. 33801</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Arthur W. Jordan II</i> DATE: <i>3/10/97</i> SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)