


-2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 24 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000001642
1. Entity Name
NORTHSIDE BAPTIST CHURCH OF PENSACOLA, INC.



Principal Place of Business
2410 W FAIRFIELD DR
PENSACOLA, FL 32505

Mailing Address
2410 W FAIRFIELD DR
PENSACOLA, FL 32505

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country



10022007 REIN-NP CR2E099 (1/07)

6. Name and Address of Current Registered Agent

KIEVIT, KELLY & ODOM, P.A.
15 WEST MAIN STREET
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent

Name Norvago (NMN) Ingram
Street Address (P.O. Box Number is Not Acceptable)
1946 Pauline Street
City Cantonment, FL Zip Code 32533

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 Norvago Ingram (NORVAJO INGRAM) DATE 10/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$236.25
After January 1, 2008, Fee will be \$297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DANLY, CHAPEL	
STREET ADDRESS	9380 HAY MEADOW RD.	
CITY-ST-ZIP	MILTON, FL 32583	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKE, GEORGE	
STREET ADDRESS	5217 IVANESHA RD	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, O'QUINN	
STREET ADDRESS	5213 TREAHER RD	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	

REINSTATEMENT 07/07

300110813353
10/15/07-01005-013 **236.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 of the like empowered.

SIGNATURE: Chapel Danly DATE 10/8/07 DAYTIME PHONE # 206-0673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chapel Danly 10/30/07 T Lewis