


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90158 030 \*\*\*\*61.25

**DOCUMENT # N99000001642**

1. Entity Name  
**NORTHSIDE BAPTIST CHURCH OF PENSACOLA, INC.**



Principal Place of Business      Mailing Address

**2410 W FAIRFIELD DR**      **2410 W FAIRFIELD DR**  
**PENSACOLA FL 32505**      **PENSACOLA FL 32505**

**3002613**



CHECK HERE IF MAKING CHANGES

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 **59-2131980**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DANLY, CHAPEL</b>	
STREET ADDRESS	<b>9374 HAYMEADOW RD</b>	
CITY-ST-ZIP	<b>MILTON FL 32583</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROOKE, GEORGE</b>	
STREET ADDRESS	<b>5217 IVANESHA RD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RUTHERFORD, GEORGE</b>	
STREET ADDRESS	<b>1818 W LARUA ST</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROOKS, O'QUINN</b>	
STREET ADDRESS	<b>5213 TREAHER RD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32526</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SULLIVAN, ROBERT</b>	
STREET ADDRESS	<b>708 W AVERT ST</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANLEY, CHAPEL</b>	
STREET ADDRESS	<b>9380 HAY MEADOW RD</b>	
CITY-ST-ZIP	<b>MILTON, FL 32583</b>	
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 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: **ROBERT SULLIVAN REQUIRED** *Robert Sullivan* 850-434-2096

CR2E037 (10/02)