2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006615

FILED Apr 26, 2008 Secretary of State

Entity Name: NORTHSIDE BAPTIST CHURCH OF APOPKA, INC.

Current Principal Place of Business: New Principal Place of Business: 413 W WELCH RD APOPKA, FL 32704 **Current Mailing Address: New Mailing Address:** P. O. BOX 1393 APOPKA, FL 327041393 FEI Number: 59-3629988 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YATES, DON D 818 N. THOMPSON ROAD APOPKA, FL 32712 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CLEGHORN, J D Name: Name: PO BOX 98 Address: Address: City-St-Zip: PLYMOUTH, FL 32768 City-St-Zip: Title: Title: () Delete (X) Change () Addition USTLER, LOUISE Name: LUSTER, JOHN Name: Address: 397 WEST DIXIE HIGHWAY Address: 2641 CAYMAN CIR City-St-Zip: APOPKA, FL 32712 City-St-Zip: ZELLWOOD, FL 32798 Title: Title: () Change () Addition () Delete CAIN, CRAIG Name: Name: 28239 SHIRLEY SHORES DR. Address: Address: City-St-Zip: TAVARES, FL 32778 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: USTLER, LOUISE Name: GOODMAN, GRAYSON 3442 WESTFORD DR Address: 397 WEST DIXIE HIGHWAY Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: APOPKA, FL 32712 Title: () Delete Title: () Change () Addition BOLTON, JOHN D Name: Name: 3810 LORNE COURT Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: () Delete Title: (X) Change () Addition FLOYD, ROGER LAWRENCE, RHONA Name: Name: Address: PO BOX 61 Address: 3913 OLD DUNN RD ZELLWOOD, FL 32798 APOPKA, FL 32712 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON D YATES RA 04/26/2008