

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709641

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC1560259449**

**Entity Name:** BAYSIDE COMMUNITY CHURCH OF GOD, INC.

**Current Principal Place of Business:**

3380 STATE ROAD 580  
SAFETY HARBOR, FL 34695

**Current Mailing Address:**

3380 STATE ROAD 580  
SAFETY HARBOR, FL 34695

**FEI Number:** 59-1781112

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DOUGLAS L. HILKERT P.A.  
2557 NURSERY ROAD SUITE A  
CLEARWATER, FL 33764 US

*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:** DOUGLAS L. HILKERT

01/21/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ELDER, PRESIDENT, VC  
Name HILKERT, DOUGLAS L  
Address 1515 MIDNIGHT PASS WAY.  
City-State-Zip: CLEARWATER FL 33765

Title ELDER, SECRETARY  
Name KING, JORDAN  
Address 700 SEVERS LANDING  
City-State-Zip: PALM HARBOR FL 34683

Title ELDER  
Name HENDRICKSON, ANDREW  
Address 8304 TERRACEWOOD CIR.  
City-State-Zip: TAMPA FL 33615

Title ELDER  
Name BEAN, LARRY  
Address 4800 SHEFFIELD DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34655

Title ELDER, VP  
Name ROBERTS, ANGELA  
Address 14230 WATERVILLE CIRCLE  
City-State-Zip: TAMPA FL 33626

Title ELDER  
Name GLISSON, DIXIE  
Address 5121 MANCHESTER COURT  
BLDG. 11, UNIT 103  
City-State-Zip: PALM HARBOR FL 34685

Title ELDER, CHAIRMAN  
Name ROLEN, JAMES TERRY JR.  
Address 1410 NORRIS WAY  
City-State-Zip: TARPON SPRINGS FL 34688

Title ELDER  
Name SMITH, BRAD  
Address 130 DOLPHIN DR. S.  
City-State-Zip: OLDSMAR FL 34677

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** DOUGLAS L. HILKERT

**PRESIDENT**

01/21/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ELDER  
Name BUTLER, RICHARD  
Address 12822 TAR FLOWER DR  
City-State-Zip: TAMPA FL 33626

Title TREASURER  
Name OLIVIER, MARCIA  
Address 388 WINGATE CIRCLE  
City-State-Zip: OLDSMAR FL 34677