

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 700317 (1)

1. Corporation Name

NORTHWEST CHURCH OF CHRIST, INC.

95 MAY 23 PM 1:07

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6355 38TH AVE. NO ST PETERSBURG FL 33710-1610	6355 38TH AVE. NO ST PETERSBURG FL 33710-1610

3. Date Incorporated or Qualified 11/11/1972	3a. Date of Last Report 02/03/1994
4. FEI Number 59-2276323	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CASTLEMAN, BRUCE W.
6261 43RD TERRACE NO.
ST PETERSBURG FL 33709

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CASTLEMAN, BRUCE W.
STREET ADDRESS	6261 43RD TERRACE NO.
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	VD
NAME	CLAUSEN, STANLEY J
STREET ADDRESS	1332 STEWART BLVD.
CITY - ST - ZIP	CLEARWATER FL
TITLE	SD
NAME	HEARTSFIELD, WILLIAM H.
STREET ADDRESS	6890 16TH STREET SO.
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	T
NAME	BASSFORD, GORDON E
STREET ADDRESS	6442 31 AVE N
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Delete - MR CLAUSEN, he
23 STREET ADDRESS	WITHDREW AND A NEW
24 CITY - ST - ZIP	VICE PRESIDENT HAS NOT YET BEEN
25 CITY - ST - ZIP	REMINATED
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	TD
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: B.W. Castleman B.W. Castleman 4-5-95 813-544-2048