

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700317

1. Entity Name

NORTHWEST CHURCH OF CHRIST, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90116 036 ****70.00

Principal Place of Business

Mailing Address

6355 38TH AVE. NO
 ST PETERSBURG FL 33710-1610

6355 38TH AVE. NO
 ST PETERSBURG FLA 33710-1610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2276323

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASTLEMAN, BRUCE W.	
STREET ADDRESS	6261 43RD TERRACE NO.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEARTSFIELD, WILLIAM H.	
STREET ADDRESS	6890 16TH STREET SO.	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MYERS, JIM	
STREET ADDRESS	730-119TH AVE N	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAGEL, BARRY	
STREET ADDRESS	6326 33RD AVE CT N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEAY, FRED	
STREET ADDRESS	2437 28TH ST S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HACKETT, BILL	
STREET ADDRESS	3980 64TH ST N #18	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Wheeler, Jr	
STREET ADDRESS	11707 Kay Court	
CITY-ST-ZIP	LARGO, FL 33776	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary D. Cottrell	
STREET ADDRESS	10135 64th Lane N.	
CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William M. Alsop	
STREET ADDRESS	6340 40th Ave N.	
CITY-ST-ZIP	St. Petersburg FL 33709	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James A. Shannon	
STREET ADDRESS	6886-120 P.O.	
CITY-ST-ZIP	LARGO, FL 33773	
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: Bruce W. Castleman RES. QUB: W. CASTLEMAN

4-11-00

727 5395708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)