

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90133 050 \*\*\*\*70.00

**DOCUMENT # 700317**

1. Entity Name

**NORTHWEST CHURCH OF CHRIST, INC.**

Principal Place of Business

Mailing Address

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

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

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

**59-2276323**

Applied For

Not Applicable

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

**WHELER, JAMES M JR**  
**11767 KAY COURT**  
**LARGO FL 33778**

Name **WHEELER**

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

(When business signature is 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 **PO D**  Delete  
 NAME **CASTLEMAN, BRUCE W.**  
 STREET ADDRESS **6261 43RD TERRACE NO.**  
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D**  Change  Addition  
 NAME **Cottrell, Gary**  
 STREET ADDRESS **10135 64th Lane N.**  
 CITY-ST-ZIP **Pine Hlas, Park, FL 33782**

TITLE **SD**  Delete  
 NAME **HEARTSFIELD, WILLIAM H.**  
 STREET ADDRESS **6890 16TH STREET SO.**  
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D**  Change  Addition  
 NAME **Alsup, William M.**  
 STREET ADDRESS **6340 40th Ave N**  
 CITY-ST-ZIP **St. Petersburg FL 33709**

TITLE **DT**  Delete  
 NAME **MYERS, JIM**  
 STREET ADDRESS **730 119TH AVE N**  
 CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **D**  Change  Addition  
 NAME **Shannon, James A.**  
 STREET ADDRESS **6886-20 PLACE N.**  
 CITY-ST-ZIP **LARGO, FL 33773**

TITLE **D**  Delete  
 NAME **PAGEL, BARRY**  
 STREET ADDRESS **6326 33RD AVE CT N**  
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D PD**  Delete  
 NAME **WHEELER, JAMES JR.**  
 STREET ADDRESS **11767 KAY COURT**  
 CITY-ST-ZIP **LARGO FL 33778**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **HACKETT, BILL**  
 STREET ADDRESS **3980 64TH ST N #18**  
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE  Change  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:

*James M. Wheeler, Jr.*  
**SIGNATURE REQUIRED**

**JAMES M. WHEELER, JR.**

**1-15-02**

**727-298-1994**

CR2E037 (9/01)