2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002174

FILED Sep 02, 2004 Secretary of State

Entity Name: NORTHSIDE CHRISTIAN CHURCH OF LAKELAND, FLORIDA INC.

Current Principal Place of Business: New Principal Place of Business: 318 EASTWAY DRIVE LAKELAND, FL 33803 **Current Mailing Address: New Mailing Address:** 318 EASTWAY DRIVE LAKELAND, FL 33803 FEI Number: 59-3709342 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: STOKEM, WAYNE D REV. 318 EASTWAY DRIVE LAKELAND, FL 33803 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: () Change () Addition () Delete STOKEM, WAYNE Name: Name: 318 EASTWAY DR Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SCOTT, RON Name: Address: 399 TAMMIS LANE Address: City-St-Zip: MULBERRY, FL 33860 City-St-Zip: Title: () Delete Title: () Change () Addition STOKEM, BEVERLY Name: Name: Address: 318 EASTWAY DR Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: DCT () Delete Title: () Change () Addition Name: SCOTT, VICTORIA Name: Address: 399 TAMMIS LN Address: City-St-Zip: MULBERRY, FL 33860 City-St-Zip: Title: () Delete Title: DFS (X) Change () Addition DEMEURERS, MARJORIE DEMEURERS, MARJORIE Name: Name: 4000 DUNN AVE 1001 CARPENTERS WAY - D-205 Address: Address: City-St-Zip: SEBRING, FL 338754812 City-St-Zip: LAKELAND, FL 33809 Title: DCCH () Delete Title: () Change () Addition CLAYPOOL, LOIS Name: Name: Address: 929 N GILMORE AVE., #119 Address: LAKELAND, FL 33801 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BEVERLY G. STOKEM E 09/02/2004