

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 09, 2006  
Secretary of State**

DOCUMENT# N01000002174

**Entity Name:** NORTHSIDE CHRISTIAN CHURCH OF LAKE LAND, FLORIDA INC.

**Current Principal Place of Business:**

318 EASTWAY DRIVE  
LAKE LAND, FL 33803

**New Principal Place of Business:**

**Current Mailing Address:**

318 EASTWAY DRIVE  
LAKE LAND, FL 33803

**New Mailing Address:**

**FEI Number:** 59-3709342      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

STOKEM, WAYNE D REV.  
318 EASTWAY DRIVE  
LAKE LAND, FL 33803      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: EC      ( ) Delete  
Name: STOKEM, WAYNE  
Address: 318 EASTWAY DR  
City-St-Zip: LAKE LAND, FL 33803

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: E      ( ) Delete  
Name: SCOTT, RON  
Address: 399 TAMMIS LANE  
City-St-Zip: MULBERRY, FL 33860

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: E      ( ) Delete  
Name: STOKEM, BEVERLY  
Address: 318 EASTWAY DR  
City-St-Zip: LAKE LAND, FL 33803

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DCT      ( ) Delete  
Name: SCOTT, VICTORIA  
Address: 399 TAMMIS LN  
City-St-Zip: MULBERRY, FL 33860

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DFS      ( ) Delete  
Name: DEMEURERS, MARJORIE  
Address: 1001 CARPENTERS WAY - D-205  
City-St-Zip: LAKE LAND, FL 33809

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DCCH      ( ) Delete  
Name: CLAYPOOL, LOIS  
Address: 929 N GILMORE AVE., #119  
City-St-Zip: LAKE LAND, FL 33801

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WAYNE D. STOKEM

EC

05/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date