2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0100002174

1. Entity Name

SIGNATURE:

NORTHSIDE CHRISTIAN CHURCH OF LAKELAND, FLORIDA INC.



FILED Mar 17, 2003 8:00 am Secretary of State

(863)

647-9862

3-12-03

03-17-2003 90117 040 ****61.25

Principal Pla	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·					
318 EASTWAY DRIVE LAKELAND FL 33803		318 EASTWAY DRIVE						
LAKELAND FL	. 33803	LAKELAND FL 33803						
2. Principal Place of Business 3.		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number	4. FEI Number 59-3709342			
Zip	Country Zip		Country	5. Certificate of S			lot Applicable Iditional	
6. Name and Address of Current Registered Agent			7"	7. Name and Address of New Registered Agent				
			Nam	Name				
STOKEM, WAYNE D REV.			Street Address (P.O. Box Number is Not Acceptable)					
	TWAY DRIVE		5000	E Address (F.O. DOX RUMBER IS	Not Acceptable)			
LAKELAND FL 33803								
			City		FL	Zip Cod	de	
8. The above	e named entity submits this statement for the	or registered agent, or both, in		 amiliar with	and accept			
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. I am familiar with, and accept the obligations of registered agent.								
-								
SIGNATURE SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
DAIL DAIL								
FILE NOW: FEE IS \$61.25			paign Financin	9 \$5.00 May Be	Make Check	Pavable	to	
		Trust Fund Co	Trust Fund Contribution.		Added to Fees Florida Department of State			
OFFICERS AND DIRECTORS			11.	ADDITIONS (CHANG	SES TO OFFICERS AND DIF	ECTODO II	140	
TITLE	EC STATE BILL	Delete	TITLE	EC ADDITIONS/CHANG		Change	Addition	
NAME	DINERO, RON	~	NAME	Stokem	Wayne			
STREET ADDRESS	460 CORONA DEL MAR ST		STREET ADDRE	318 East	way Dr.			
CITY-ST-ZIP	LAKELAND FL 33809		CITY-ST-ZIP	Lakelan	d, FL 338			
TITLE NAME	SCOTT, RON	Delete	TITLE ***** NAME		a la company de la company	☐ Change	Addition	
STREET ADDRESS	399 TAMMIS LANE		STREET ADDRES	s				
CITY-ST-ZIP	MULBERRY FL 33860		CITY-ST-ZIP					
TITLE	E	☐ Delete	TITLE		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	☐ Change	Addition	
NAME STREET ADDRESS	STOKEM, BEVERLY		NAME					
CITY-ST-ZIP	318 EASTWAY DR LAKELAND FL 33803		STREET ADDRES	S				
TITLE	DCT	Delete	TITLE	DCT	1	◯ Change	☐ Addition	
NAME	FUTRELL, PAM	ZX Delete	NAME	Scott, Vic	+0412	A CHAINGE	Acontion	
STREET ADDRESS	5265 SUNSET WAY S		STREET ADDRES	s 399 Tamm	is lake			
CITY-ST-ZIP	LAKELAND FL 33805		CITY-ST-ZIP	Mulberry	, FL 3386	,0		
TITLE NAME	DFS DEMEURERS, MARJORIE	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS	4000 DUNN AVE		. NAME STREET ADDRES	s				
CITY-ST-ZIP	SEBRING FL 33875-4812		CITY-ST-ZIP					
TITLE	DCCH	Delete	TITLE	DCCH		Change	☐ Addition	
NAME STREET ADDRESS	ANDERSON, JANICE S	/ \	NAME	Claypool	, Lois -ilmore A	, = 43.		
STREET ADDRESS CITY-ST-ZIP	5115 N SOCRUM LOOP RD #117		STREET ADDRES	5 929 W. G	-Ilmore H	ve. t	#119	
0111-01-4IF	LAKELAND FL 33809		CITY-ST-ZIP	I Lakeland	,FL 3380	l		

12. I hereby certify that the information supplied with this filling 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.