

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700360 (1)

1. Corporation Name
NORTHSIDE CHURCH OF CHRIST, INC.



Principal Place of Business: 6329 - 9TH STREET NORTH ST.PETERSBURG FL 33702
Mailing Address: 6329 - 9TH STREET NORTH ST.PETERSBURG FL 33702

3. Date Incorporated or Qualified: 01/25/1960
3a. Date of Last Report: 02/02/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2206850	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIGHTKEP, RICHARD
6329 9TH ST. N.
ST PETERSBURG FL 33702

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	STD
NAME	LIGHTKEP, RICHARD H	1.2 NAME	LIGHTKEP, RICHARD H
STREET ADDRESS	6418 9TH ST. N.	1.3 STREET ADDRESS	6418 9TH ST. N.
CITY-ST-ZIP	ST. PETERSBURG FL 33702	1.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702
TITLE	TD	2.1 TITLE	VD
NAME	KAISER, ERIC JR	2.2 NAME	KAISER, ERIC JR
STREET ADDRESS	7449 MEADOWLAEN DR. N.	2.3 STREET ADDRESS	7449 MEADOWLAWN DR. N.
CITY-ST-ZIP	ST. PETERSBURG FL 33702	2.4 CITY-ST-ZIP	ST. PETERSBURG FL 33702
TITLE	PD	3.1 TITLE	
NAME	HOOPER, SIDNEY	3.2 NAME	
STREET ADDRESS	1300 PALM VIEW AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	WALKER, CECIL M.	4.2 NAME	
STREET ADDRESS	429 47TH ST N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33713	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard H. Lightkep* Richard H. Lightkep 2/12/96 818-627-4322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)