## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 22, 2002 8:00 am § Secretary of State **DOCUMENT # 700360** 1. Entity Name 03-22-2002 90026 002 \*\*\*\*70.00 NORTHSIDE CHURCH OF CHRIST, INC. Principal Place of Business Mailing Address 6329 - 9TH STREET NORTH 6329 - 9TH STREET NORTH ST.PETERSBURG FL 33702 ST.PETERSBURG FL 33702 B0046499 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2206850 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ·LIGHTKEP, RICHARD 6329 9TH ST. N. ST PETERSBURG FL 33702 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 $\Box$ Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. STD (9/01 TITLE Delete TITLE ☐ Change □ Addition LIGHTKEP, RICHARD H NAME NAME STREET ADDRESS STREET ADDRESS **CR2E037** 6418 9TH ST. N. CITY-ST-ZIP CITY-ST-7IP ST. PETERSBURG FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE FAIRCHILD, RONALD A NAME NAME STREET ADDRESS STREET ADDRESS 1827 NEW HAMPSHIRE AVE NE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL TITLE TITLE Change Addition Delete NAME HOOPER, SIDNEY NAME STREET ADDRESS STREET ADDRESS 1300 PALM VIEW AVE. CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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