


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 700360 1. Entity Name NORTHSIDE CHURCH OF CHRIST, INC.	
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Principal Place of Business 6329 MLK ST. N. ST.PETERSBURG, FL 33702	Mailing Address 6329 MLK ST. N. ST.PETERSBURG, FL 33702
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2206850	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LIGHTKEP, RICHARD 6329 9TH ST. N. ST PETERSBURG, FL 33702
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000183515 01/19/05-80070-004 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LIGHTKEP, RICHARD H 8418 9TH ST. N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FAIRCHILD, RONALD A 1827 NEW HAMPSHIRE AVE NE ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOOPER, SIDNEY 1300 PALM VIEW AVE. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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)(f), 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.

SIGNATURE: Richard H. Lightkep **Richard H. Lightkep** 1/10/05 (727)-527-4322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #