## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

702505

(9)

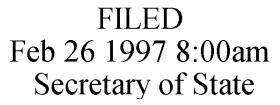
NORTHSIDE CHURCH OF CHRIST OF MAITLAND, FLORIDA, INC.

Principal Place of Business

1001 ROGER WILLIAMS ROAD

ABODRA EL 20100

Mailing Address





1001 ROGER WILLIAMS ROAD APOPKA FL 32703				1001 ROGER WILLIAMS ROAD APOPKA FL 32703-5554						
								3. Date Incorporated or Qualified 05/31/1961	3a. Date of La 04/30/	st Report 1996
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	1	Applied For
21				26				59-1320896		Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					- \$8.7	5 Additional
22 City & State				27 City & State				5. Certificate of Status Desired	Fee	Required
23				28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country Zip 25 29 30					Country  8. This corporation has liability for intangible tax und Florida Statutes ☐ Yes ☐ No			er s. 199.032,	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
						81	Name			
BOOK, JOHN B										
230 VENTRIS AVE						82	Street A	ddress (P.O. Box Number is Not Acceptab	le)	
MAITLAND FL 32703						83				
						84	City		85	ip Code
44.0						Ш				`
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 Signature types or primed harve of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
	Signature typedic					d Age	nt signature re	equired when reinstating)	DATE	
12.	00	OFFICE	RS AND DIREC		13,			ADDITIONS/CHANGES TO OFFIC		
THILE	PD PD	OLINI B		☐ DELETE	1.1 TI				☐ Chan	ge 🔲 Addition 👌
NAME	BOOK, JO				1.2 N					
STREET ADDRESS	230 VENTRIS AVE					TREET	ADDRESS			[
CITY - S1 - ZIP	MAITLAND FL					TY-\$1	T-ZIP		· · ·	{
TITLE	D\$			DELETE	2.1 71	TLE			L. Chan	ge 🔲 Addition 🤇
NAME	BOOK, SUE					AME				
STREET ADDRESS	230 W. VENTRIS AVE					TREET	ADDRESS			
CITY-ST-ZIP	MAITLAND FL					2.4 CITY-ST-ZIP				
TITLE	DWAY			☐ DELETE	3.1 TI	TLE			[] Chan	ge 🔲 Addition
NAME	BRIVIN,				3.2 N	AME				
STREET ADDRESS		MAYNE PL			3.3 S	REET	ADDRESS			
CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	D FL 32801				ITY-S	T-ZIP			
TITLE	D			FLETE	4.1 TI	TLE			☐ Chan	ge 🔲 Addition
NAME	BROWN				4.2 N	IAME				
STREET ADDRESS	5404 BL				4.3 ST	TREET	address			
CITY-ST-ZIP	OBLANDO	D FL 32810			4.4 C	TY-SI	- ZIP			
TITLE	`			☐ DELETE	5.1 T/	TLE			Chan	ge 🔲 Addition
NAME					5.2 N	AME				
STREET ADDRESS					5.3 ST	TREET	address			
CITY-ST-ZIP					5.4 CI	TY-\$1	- ZIP			ļ
TITLE				DELETE	6.1 Ti	TLE			Chan	ge Addition
NAME					6.2 N/	AME				
STREET ADDRESS					6.3 ST	REET ,	ADDRESS			
CITY-ST-ZIP					6.4 CI		1			
	by certify that	the information s	supplied with th	is filing does not out				ted in Section 119 07/3/ii) Florida Statutes	I further certify t	net the

14. I do note by 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 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 for the recover or justee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or or an attackment with an address.

SIGNATURE:

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