


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703165 (1)**  
1. Corporation Name  
**NORTHSIDE ALLIANCE CHURCH, INC.**



Principal Place of Business <b>2405 DIANJO DR. ORLANDO FL 32810</b>	Mailing Address <b>2405 DIANJO DR. ORLANDO FL 32810-2407</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/09/1961</b>	3a. Date of Last Report <b>03/02/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>05-0067712</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	25. Country	29. Zip		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**HEFFIELD, RON**  
**2411 FAULKNER ROAD**  
**ORLANDO FL 32810**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>LOVESTRAND, JOHN</b>	
STREET ADDRESS <b>319 ROLFE DR</b>	
CITY-ST-ZIP <b>APOPKA FL 32703</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>CLARK, AL</b>	
STREET ADDRESS <b>124 PARK AVE.</b>	
CITY-ST-ZIP <b>CASSELBERRY FL 32707</b>	
TITLE <b>DT</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CARNEFIX, DAVID S</b>	
STREET ADDRESS <b>3931 BEACHMAN DR.</b>	
CITY-ST-ZIP <b>ORLANDO FL 32810</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>MCDUFFIE, MARTA</b>	
STREET ADDRESS <b>1746 FAIRVIEW SHORES DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO FL 32804</b>	
TITLE <b>C</b>	<input type="checkbox"/> DELETE
NAME <b>HEFFIELD, RON</b>	
STREET ADDRESS <b>2411 FAULKNER ROAD</b>	
CITY-ST-ZIP <b>ORLANDO FL 32810</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>S T</b>	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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: *Marta McDuffie* **295-3890** **April 1, 1997**

CR2E037 (9/96)