

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 02 1996 8:00am
Secretary of State

DOCUMENT # 703165 (1)

1. Corporation Name
NORTHSIDE ALLIANCE CHURCH, INC.



Principal Place of Business Mailing Address
2405 DIANJO DR. ORLANDO FL 32810 2405 DIANJO DR. ORLANDO FL 32810

3. Date Incorporated or Qualified 11/09/1961 3a. Date of Last Report 01/23/1995

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country
4. FEI Number 05-0067712 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**HEFFIELD, RON
2411 FAULKNER ROAD
ORLANDO FL 32810**
10. Name and Address of New Registered Agent
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 of 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVSTRAND, JOHN	1.2 NAME	
STREET ADDRESS	319 ROLFE DR	1.3 STREET ADDRESS	DIRECTOR AL CLARK 124 PARK AVE. GAINESVILLE FL 32707
CITY-ST-ZIP	APOPKA FL 32703	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, MARSHALL	2.2 NAME	
STREET ADDRESS	2410 DUBUESNE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL DELETE	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEFIX, DAVID S	3.2 NAME	
STREET ADDRESS	6000 DENSON DRIVE 3931 BEACHMAN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDUFFIE, MARTA	4.2 NAME	
STREET ADDRESS	1746 FAIRVIEW SHORES DRIVE	4.3 STREET ADDRESS	100001730431
CITY-ST-ZIP	ORLANDO FL 32804	4.4 CITY-ST-ZIP	-03/04/96--01035--018
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFFIELD, RON	5.2 NAME	
STREET ADDRESS	2411 FAULKNER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ DATE: 2/26/96 DAYTIME PHONE #: 295-3592

CPRE037 (12/95)