


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 703165**  
 1. Entity Name  
 NORTHSIDE ALLIANCE CHURCH, INC.



Principal Place of Business 2405 DIANJO DR. ORLANDO, FL 32810	Mailing Address 2405 DIANJO DR. ORLANDO, FL 32810
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**DO NOT WRITE IN THIS SPACE**



02252004 No Chg-NP CR2E037 (10/03)

4. FEI Number 05-0067712	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 HEFFIELD, RON  
 2411 FAULKNER ROAD  
 ORLANDO, FL 32810

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$64.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000094413  
 03/22/04-80036-015 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOVESTRAND, JOHN 319 ROLFE DR APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CLARK, AL 124 PARK AVE. CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HEFFIELD, RON 2411 FAULKNER ROAD ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROZZO, JOE 2802 DIANJO DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:** Albert Clark Albert Clark 3/18/04 407-629-5595 x228  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #