

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90030 039 ****61.25

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**

40018886



02122007 Chg-NP CR2E037 (12/06)

4. FEI Number
05-0067712 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME ~~Reeko, Bill~~ **Lovestrand, John**
STREET ADDRESS **319 ROLFE DR**
CITY-ST-ZIP **APOKA, FL 32703**

TITLE **T** ☐ Delete
NAME **CLARK, AL**
STREET ADDRESS **124 PARK AVE.**
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE **C** ☐ Delete
NAME **HEFFFIELD, RON**
STREET ADDRESS **2411 FAULKNER ROAD**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **S** ☐ Delete
NAME **ROZZO, JOE**
STREET ADDRESS **2602 DIANJO DRIVE**
CITY-ST-ZIP **ORLANDO, FL 32810**

TITLE **D** ☐ Delete
NAME **HOLMES, MARSHALL**
STREET ADDRESS ~~2602 DIANJO DRIVE~~ **2410 Duquesne Ave**
CITY-ST-ZIP ~~ORLANDO, FL 32810~~ **Apopka, FL 32712**

TITLE **D** ☐ Delete
NAME **LOVESTRAND, GORDON**
STREET ADDRESS **P.O. BOX 907**
CITY-ST-ZIP **APOKA, FL 32704**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
NAME **Rooks, Bill**
STREET ADDRESS **620 Robinhood Dr Apt A**
CITY-ST-ZIP **Maitland FL 32751**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

AL Clark

AL CLARK, Treasurer

407-629-5595 x228
2/12/2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #