FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

703664

(3)

NORTHSIDE CHRISTIAN FELLOWSHIP, INC.

HOTTIOIDE OFFICIAL FELECTION IN 1900								
Principal Place of Business Mailing Address						1 (MIII) (MI) MIN THE WATER WA		
3100 ST.LUCIE BLVD. S. LUCIE BLVD. S. LUCIE BLVD. FT PIERCE FL 34946 ST.LUCIE BLVD. FT PIERCE FL 34946						3. Date Incorporated or Qualified 03/02/1962 4. FEI Number Applied For 59-1551818 Not Applicable		
2. Principal Place of Business 2a. Mailing Address						- ¢0.75 Additional		
21 26						5. Certificate of Status Desired		
Suite, Apt #, etc. Suite, Apt. #, etc. 27						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State		City & State				7. Is this nonprofit corporation a homeowners association? Yes No		
Zip 24	Country Zip C		Coun	Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30, Yes No				
<u> </u>	9. Name and Address of Current		, J			10. Name and Address of New Registered Agent		
				81	Name			
BILES, JAMES, PASTOR			Ī	82	Street Add	et Address (P.O. Box Number is Not Acceptable)		
7200 PLUMOSA LANE FT. PIERCE FL 34951			ļ.	33				
F1. FIEROC FL 34931			L	24	O't :	85 Zip Code		
				84	City	FL T T		
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, typed or printed name of registered agent and title if applicable. (NOTE, Registered				Istered Agent signature required when reinstating) DATE				
12.			13.					
TITLE	V	DELETE	1.1 1111	£		☐ Change ☐ Addition		
NAME	SHINN SR., ROGER		1.2 NA	1.2 NAME				
STREET ADDRESS	7604 SANTA ROSA PKWY.		1.3 STR	EET.	ADDRESS			
CITY-ST-ZIP	FORT PIERCE FL 34951		1.4 CIT		T-ZIP	Louis Dates		
TITLE	ST	DELETE	2.1 T/TL		i	Change Addition		
NAME	BLEVINS, PATRICIA F.		2.2 NA					
STREET ADDRESS	000111111001111112				ADDRESS			
CiTY-ST-ZIP	FORT PIERCE FL D	☐ DELETE	2. 4 CIT 3.1 TITL	_	ST-ZIP	☐ Change ☐ Addition		
TITLE NAME	KONOW, CHRIS	L., OLLLIE	3.2 NA		K	CONOW, CHRIS		
STREET ADDRESS	8601 PENSACOLA ROAD					2210 Old Dixie Hwy.		
CITY-ST-ZIP	FT. PIERCE FL 34951		3.4. CIT			rt. Pierce, FL 34946		
TITLE	D	DELETE	4,1 TIT			☐ Change ☐ Addition		
NAME	BAIRD, ROGER		4, 2 NA	ME				
STREET ADDRESS	960 S. U.S. #1		4.3 STR	EET	ADDRESS			
CITY-ST-ZIP	FT. PIERCE FL		4.4 CIT	Y-\$1	T-ZIP			
TITLE		DELETE	5.1 TITL	£		Change Addition		
NAME			5.2 NA	ИE	- 1			

CITY-ST-ZIP 14. I 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.

5.3 STREET ADDRESS

6,3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

Blevins

DELETE

561-461-6350

FILED

Feb 03 1998 8:00am

Secretary of State

Change

1/8/98