

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

0063715

DOCUMENT # 703664

1. Entity Name

NORTHSIDE CHRISTIAN FELLOWSHIP, INC.

01-24-2001 90081 034 ****70.00

Principal Place of Business

Mailing Address

**3100 ST.LUCIE BLVD.
 S. LUCIE BLVD.
 FORT PIERCE FL 34946**

**3100 ST.LUCIE BLVD.
 S. LUCIE BLVD.
 FORT PIERCE FL 34946**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1551818

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BILES, JAMES, PASTOR
 7200 PLUMOSA LANE
 FT. PIERCE FL 34951**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SHINN SR., ROGER	
STREET ADDRESS	7604 SANTA ROSA PKWY.	
CITY-ST-ZIP	FORT PIERCE FL 34951	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BLEVINS, PATRICIA F.	
STREET ADDRESS	6804 PANDORA AVE.	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KONOW, CHRIS	
STREET ADDRESS	2210 OLD DIXIE HWY	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAIRD, ROGER	
STREET ADDRESS	960 S. U.S. #1	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WETHERINGTON, U.B.	
STREET ADDRESS	2033 Summit St.	
CITY-ST-ZIP	FT. PIERCE, FL. 34982	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEVINS, PATRICIA	
STREET ADDRESS	6804 PANDORA AVE	
CITY-ST-ZIP	FT. PIERCE FL. 34951	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KONOW, CHRIS	
STREET ADDRESS	1217 Wyoming Ave	
CITY-ST-ZIP	FL. PIERCE, FL. 34981	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIRD, ROGER	
STREET ADDRESS	3018 N. US #1	
CITY-ST-ZIP	FT. PIERCE, FL. 34946	
TITLE	SIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, KIMBERLEE	
STREET ADDRESS	2801 S. JENKINS RD.	
CITY-ST-ZIP	FT. PIERCE, FL. 34982	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Kimberlee Thomas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KIMBERLEE THOMAS 1/19/01 561-461-6350

CR2E037 (10/00)