

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703664

FILED
Apr 27, 2005
Secretary of State

Entity Name: NORTHSIDE CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

3100 ST.LUCIE BLVD.
FORT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

3100 ST.LUCIE BLVD.
FORT PIERCE, FL 34946

New Mailing Address:

FEI Number: 59-1551818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BLEVINS, PATRICIA F
Address: 6804 PANDORA AVE.
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: KONOW, CHRIS
Address: 1217 WYOMING AVENUE
City-St-Zip: FORT PIERCE, FL 34981

Title: D () Delete
Name: LESTER, JAMES T
Address: 3100 SAINT LUCIE BLVD
City-St-Zip: FORT PIERCE, FL 34946

Title: ST () Delete
Name: BRIGHTON, JOHN G
Address: 720-D HIGH POINT BLVD
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. BILES, SR.

REV.

04/27/2005

Electronic Signature of Signing Officer or Director

Date