FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **706929** **(7)**

Corporation Name
NORTH SHORE CHRISTIAN CHURCH

Principal Place of Business
195 TALLULAH AVENUE
JACKSONVILLE FL 32208-4179

Mailing Address
195 TALLULAH AVENUE
JACKSONVILLE FL 32208-4179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/04/1964**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-1357567** ☐ Applied For ☐ Not Applicable

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 Country	29	Zip / 30 Country

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

WHITEHURST, JO D
195 TALLULAH AVE
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81 Name: Kristine McMillan
82 Street Address (P.O. Box Number is Not Acceptable): 195 Tallulah Ave
83
84 City: Jacksonville **FL** 85 Zip Code: 32208

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kristine C McMillan — 5-15-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	T	☑ Change ☐ Addition
NAME	RODGERS, WALTER G	12 NAME		
STREET ADDRESS	10892 PLAYER RD W	13 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP		
TITLE	PC	21 TITLE	C/TR	☑ Change ☐ Addition
NAME	APPLING, LINDY	22 NAME	Michael Medders	
STREET ADDRESS	10649 ARNEZ RD	23 STREET ADDRESS	11256 Harlan Dr	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville FL 32218	
TITLE	T	31 TITLE		☐ Change ☐ Addition
NAME	WATTS, THOMAS J	32 NAME		
STREET ADDRESS	7612 LAURA ST	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	TR	☑ Change ☐ Addition
NAME	HICKS, RICHARD L	42 NAME		
STREET ADDRESS	121 W 65TH STREET	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	T/TR/V	☑ Change ☐ Addition
NAME	MCMILLAN, ROY	52 NAME		
STREET ADDRESS	6922 ELWOOD AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP		
TITLE	V	61 TITLE	TR	☑ Change ☐ Addition
NAME	COOPER, DONALD	62 NAME	James Cason	
STREET ADDRESS	14052 DUVAL ROAD	63 STREET ADDRESS	6430 Lanark St	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	Jacksonville FL 32208	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] — 5-23-95 — 766-4650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #