

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706929 (7)
1. Corporation Name
NORTH SHORE CHRISTIAN CHURCH



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/04/1964		3a. Date of Last Report 06/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1357567		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCMILLIAN, KRISTINE 195 TALLULAH AVE JACKSONVILLE FL 32208				81	Name Kristine Mcmillan ← Note		
				82	Street Address (P.O. Box Number is Not Acceptable) Correct		
				83	City Spelling		
				84	City FL		
				85	Zip Code		

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 state it is a valid (N/A for Registered Agent signature required when new state) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, WALTER G	1.2 NAME	
STREET ADDRESS	10892 PLAYER RD W	1.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	1.4 CITY-STATE-ZIP	
TITLE	CT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDDERS, MICHAEL	2.2 NAME	michael medders
STREET ADDRESS	11256 HARLAN DR	2.3 STREET ADDRESS	everything else the same
CITY-STATE-ZIP	JACKSONVILLE FL	2.4 CITY-STATE-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATTS, THOMAS J	3.2 NAME	
STREET ADDRESS	7612 LAURA ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	3.4 CITY-STATE-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, RICHARD L.	4.2 NAME	
STREET ADDRESS	121 W 65TH STREET	4.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	4.4 CITY-STATE-ZIP	
TITLE	TTR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLAN, ROY	5.2 NAME	
STREET ADDRESS	6922 ELWOOD AVE.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	5.4 CITY-STATE-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASON, JAMES	6.2 NAME	
STREET ADDRESS	6430 LANARK ST	6.3 STREET ADDRESS	
CITY-STATE-ZIP	JACKSONVILLE FL	6.4 CITY-STATE-ZIP	

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 (904) 766-4650
Date Date

CR2E037 (12/95)