

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90271 034 ****61.25

DOCUMENT # 713310

1. Entity Name

NORTHSIDE CHURCH OF CHRIST OF JACKSONVILLE, INC.



Principal Place of Business

**4736 AVE "B"
JACKSONVILLE FL 32209**

Mailing Address

**PO BOX 12319
JACKSONVILLE FL 32209
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1606667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROWE AND ROWE, P.A.
9471 BAYMEADOWS RD.
SUITE 203
JACKSONVILLE FL 32256**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MCCLENDON, CHARLIE**
STREET ADDRESS **4618 HALDIS AVE 4067 Broad Creek Lane**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☐ Delete
NAME **PETERSON, GENORVIS**
STREET ADDRESS **6815 CORDAY ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete
NAME **JACKSON, LOUIS**
STREET ADDRESS **5227 DONCASTER AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ Delete
NAME **ANDREWS, HAROLD (ASST)4**
STREET ADDRESS **4710 CASTLEWOOD DR. E.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **T** ☐ Delete
NAME **CLARK, HORACE**
STREET ADDRESS **2803 SUNNYSIDE ST**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☐ Delete
NAME **MOBLEY, PHILLIP**
STREET ADDRESS **6221 QUIET COUNTRY LANE**
CITY-ST-ZIP **JACKSONVILLE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Charlie McClendon

4/29/06