


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # 714086 1. Entity Name NORTHSHORE COMMUNITY CHURCH, CORPORATION	
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Principal Place of Business 7700 PEARL ST JACKSONVILLE, FL 32208	Mailing Address 7700 PEARL ST JACKSONVILLE, FL 32208
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DO NOT WRITE IN THIS SPACE



08202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1274418	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HILLARD, ERVIN
11464 AVERY DR
JACKSONVILLE, FL 32218**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HILLARD, ERVIN 11464 AVERY DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZER, LEE K 425 W 70TH ST. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAZER, DANIEL 461 W. 70TH ST. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/07
Date

Daytime Phone #