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Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 723753 (0)

1. Corporation Name

NORTHSIDE CHRISTIAN CHURCH OF CHRIST OF ENGLEWOOD  
D, INC.



Principal Place of Business

Mailing Address

OF ENGLEWOOD INC  
685 N. INDIANA AVE.  
ENGLEWOOD FL 34223

OF ENGLEWOOD INC  
685 N. INDIANA AVE.  
ENGLEWOOD FL 34223-2705

3. Date Incorporated or Qualified  
06/28/1972

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
65-0049115

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEASE J LEROY  
1611 BRIDGE ST  
ENGLEWOOD FL 33533

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 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  DELETE  
NAME PEASE, J LEROY  
STREET ADDRESS 1611 BRIDGE ST  
CITY-ST-ZIP ENGLEWOOD, FL 00000

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME LA VOO, BILL  
STREET ADDRESS 1213 KINGFISHER DR  
CITY-ST-ZIP ENGLEWOOD, FL 00000

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD  DELETE  
NAME SEELEY, DAVID W  
STREET ADDRESS 7182 SABLON RD  
CITY-ST-ZIP NORTH PORT FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME REISTER, DOUG  
STREET ADDRESS 5115 SABRINA TERR  
CITY-ST-ZIP NORTH PORT FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DT  DELETE  
NAME GEORGE, ROBERT  
STREET ADDRESS 15 BUNKER CIRCLE  
CITY-ST-ZIP ROTONDA WEST FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: David W. Seeley

4/22/97

941-433-8004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0062382

CR2E037 (9/96)