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Apr 29, 1999 8:00 am
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04-29-1999 90069 032 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 723753

1. Corporation Name

NORTHSIDE CHRISTIAN CHURCH OF CHRIST OF ENGLEWOOD, 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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/28/1972

22 City & State

27 City & State

4. FEI Number
65-0049115

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

24 Zip Country

29 Zip Country

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

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 **SD** DELETE
 NAME **SEELEY, DAVID W**
 STREET ADDRESS **7450 EBRO RD.**
 CITY-ST-ZIP **ENGLEWOOD FL 34224**

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

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

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

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

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 address, with all other like empowered.

SIGNATURE:

David W. Seeley **DAVID W. SEELEY**

4/25/99

941-474-4437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)