

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Apr 19, 2000 8:00 am
Secretary of State

03-07-2000 90033 015 ****61.25

DOCUMENT # 723753

1. Entity Name

NORTHSIDE CHRISTIAN CHURCH OF CHRIST OF ENGLEWOOD

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0049115** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

PEASE J LEROY
1611 BRIDGE ST
ENGLEWOOD FL 33533

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEASE, J LEROY	NAME	
STREET ADDRESS	1611 BRIDGE ST	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEELEY, DAVID W	NAME	
STREET ADDRESS	7450 EBRO RD.	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34224	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REISTER, DOUG	NAME	
STREET ADDRESS	5115 SABRINA TERR	STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, ROBERT	NAME	
STREET ADDRESS	15 BUNKER CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ROTONDA WEST FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ken Bradburn	NAME	
STREET ADDRESS	5723 Nutmeg	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 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: *Robert George* **REQUIRED** **2/20/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER AS OFFICER OR DIRECTOR Daytime Phone # _____

CR2E037 (9/99)