

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90453 011 ****61.25

DOCUMENT # 723753

1. Entity Name

NORTHSIDE CHRISTIAN CHURCH OF CHRIST OF ENGLEWOOD, INC.



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

11010000



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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 **JANIS R. Bloom**
 Street Address (P.O. Box Number is Not Acceptable) **1802 WHISPERING PINES CIR.**
 City **ENGLEWOOD** FL Zip Code **34223**

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

Janis R. Bloom

4/29/04

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, 2004

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 NAME	D PEASE, J LEROY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1611 BRIDGE ST	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE NAME	DT GEORGE, ROBERT	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	15 BUNKER CIRCLE	
CITY-ST-ZIP	ROTONDA WEST FL	
TITLE NAME	PAST BRADBURN, KEN-	<input type="checkbox"/> Delete
STREET ADDRESS	5811 ALBERT PLACE	
CITY-ST-ZIP	SARASOTA FL 34231-6001	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DS JANIS R. Bloom	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1802 WHISPERING PINES CIR.	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE NAME	DT RICHARD T. SMITH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	8472 BUTTERNUT DR.	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE NAME	D THOMAS M. HALL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	617 BRAMBLEWOOD LANE	
CITY-ST-ZIP	ENGLEWOOD, FL 34223	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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:

Janis R. Bloom

4/29/04

(941) 475-0538

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #