


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # 723753</b> 1. Entity Name NORTHSIDE CHRISTIAN CHURCH OF CHRIST OF ENGLEWOOD, INC.	
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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
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01102005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0049115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  BLOOM, JANIS R 1802 WHISPERING PINES CIR ENGLEWOOD, FL 34223	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE          IN THIS SPACE</p>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25          Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE	DS
NAME	BLOOM, JANIS R
STREET ADDRESS	1802 WHISPERING PINES CIR
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	DT
NAME	SMITH, RICHARD T
STREET ADDRESS	8472 BUTTON QUAIL DRIVE
CITY-ST-ZIP	ENGLEWOOD, FL 34214
TITLE	PAST
NAME	BRADBURN, KEN
STREET ADDRESS	5811 ALBERT PLACE
CITY-ST-ZIP	SARASOTA, FL 342316001
TITLE	D
NAME	MIHALIK, THOMAS
STREET ADDRESS	617 BRAMBLE WOOD LANE
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
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000000307287  
 04/15/05-80049-010 61.25

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: Jan R. Bloom      4/13/05      941-475-0538  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #