

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 26, 2009
Secretary of State**

DOCUMENT# 723753

Entity Name: NORTHSIDE CHRISTIAN CHURCH OF CHRIST OF ENGLEWOOD, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0049115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, JANIS R
1802 WHISPERING PINES CIR
ENGLEWOOD, FL 34223 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: BLOOM, JANIS R
Address: 1802 WHISPERING PINES CIR
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: O'NEAL, OTIS
Address: 1475 FLAMINGO DRIVE #207
City-St-Zip: ENGLEWOOD, FL 34224

Title: PAST () Delete
Name: BRADBURN, KEN
Address: 5811 ALBERT PLACE
City-St-Zip: SARASOTA, FL 342316001

Title: D () Delete
Name: STOKES, GRANVILLE
Address: 304 PINE GLEN COURT
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANIS R. BLOOM

DS

02/26/2009

Electronic Signature of Signing Officer or Director

Date