

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730773 (9)
1. Corporation Name
NORTHSIDE COMMUNITY CHURCH OF THE NAZARENE, INC.



Principal Place of Business
555 PINE ISLAND ROAD
N. FORT MYERS FL 33903

Mailing Address
555 PINE ISLAND ROAD
N. FORT MYERS FL 33903

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 6781 Bayshore Rd.		26 6781 Bayshore Rd.		09/24/1974		02/13/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1577196		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 N. Fort Myers fl. 33917		28 N. Ft. Myers Fl. 33917		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution			
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country					
25 LEE		30 lee					
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PARKER, H. RUSSELL 555 PINE ISLAND ROAD NORTH FT. MYERS FL 33903				81 Name PARKER H. Russell			
				82 Street Address (P.O. Box Number is Not Acceptable) 1303 SE 18th St.			
				83			
				84 City Cape Coral			
				FL 85 Zip Code 33903			
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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, H. RUSSELL (REV)	1.2 NAME	
STREET ADDRESS	555 PINE ISLAND RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREDKO, BETTY	2.2 NAME	
STREET ADDRESS	160 DOW LA	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNET, DOROTHY	3.2 NAME	
STREET ADDRESS	1996 S. PINE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLEY, PAUL	4.2 NAME	
STREET ADDRESS	1407 S E 30TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALTER, MARY	5.2 NAME	
STREET ADDRESS	7536 SUNCOAST DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOGGS, HELEN	6.2 NAME	
STREET ADDRESS	2197 ZOYSIA LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an address.

SIGNATURE: *H. Russell Parker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96 941-567-0069

CR2E037 (12/95)