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FILED

Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

6781 BAYSHORE ROAD
N FORT MYERS FL 33917
US6781 BAYSHORE ROAD
N FT. MYERS FL 33917-3304
US3. Date Incorporated or Qualified
09/24/19743a. Date of Last Report
02/07/1996

4. FEI Number

59-1577196

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARKER, H. RUSSELL
1303 SE 18TH STREET
CAPE CORAL FL 33903

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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	<input type="checkbox"/> DELETE
NAME	PARKER, H. RUSSELL (REV)	
STREET ADDRESS	555 PINE ISLAND RD.	
CITY-ST-ZIP	N. FT MYERS FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PREDKO, BETTY	
STREET ADDRESS	160 DOW LA	
CITY-ST-ZIP	N. FT MYERS FL	

2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tony Cirer	
2.3 STREET ADDRESS	4104 se. 20th. pl.	
2.4 CITY-ST-ZIP	Cape Coral Fl. 33904	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUNET, DOROTHY	
STREET ADDRESS	1966 S. PINE DRIVE	
CITY-ST-ZIP	FT. MYERS FL	

3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richard Dunmire	
3.3 STREET ADDRESS	506 Santa Barbra st.	
3.4 CITY-ST-ZIP	No. Ft. Myers, Fl 33903	

TITLE	D	<input type="checkbox"/> DELETE
NAME	COOLEY, PAUL	
STREET ADDRESS	1407 S E 30TH ST	
CITY-ST-ZIP	CAPE CORAL FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	STALTER, MARY	
STREET ADDRESS	7536 SUNCOAST DRIVE	
CITY-ST-ZIP	N FT MYERS FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BOGGS, HELEN	
STREET ADDRESS	2197 ZOYSIA LANE	
CITY-ST-ZIP	N. FT. MYERS FL	

6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bea Lamb	
6.3 STREET ADDRESS	83 Gazelle Dr.	
6.4 CITY-ST-ZIP	No. Ft. Myers, fl. 33917	

14. I do 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 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: Rev. H. Russell Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/96

941-567-0009
Daytime Phone # 0056910

CR2E037 (9/96)