

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90086 049 \*\*\*\*61.25

DOCUMENT # 730773

1. Corporation Name

NORTHSIDE COMMUNITY CHURCH OF THE NAZARENE, INC.

Principal Place of Business

6781 BAYSHORE ROAD  
N FORT MYERS FL 33917  
US

Mailing Address

6781 BAYSHORE ROAD  
N FT. MYERS FL 33917  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/24/1974

4. FEI Number

59-1577196

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

LAWRENCE, GREG REV  
15188 SAM SNEAD LANE  
N FT MYERS FL 33917

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME LAWRENCE, GREG REV  
STREET ADDRESS 15188 SAM SNEAD LN  
CITY-ST-ZIP N FT MYERS FL

TITLE ☐ DELETE

NAME VP  
CIRER, TONY  
STREET ADDRESS 4104 SE 20TH PLACE  
CITY-ST-ZIP CAPE CORAL FL

TITLE ☒ DELETE

NAME D  
DUNMIRE, RICHARD  
STREET ADDRESS 506 SANTA BARBRA ST  
CITY-ST-ZIP NO FT MYERS FL

TITLE ☐ DELETE

NAME D  
COOLEY, PAUL  
STREET ADDRESS 1407 S E 30TH ST  
CITY-ST-ZIP CAPE CORAL FL

TITLE ☒ DELETE

NAME D  
FOSTER, MARY  
STREET ADDRESS 122 DARST AVE  
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME D  
ASBURY, LOUISE  
STREET ADDRESS 1213 TROPIC TERRACE  
CITY-ST-ZIP NO FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME D  
OBNEY, PHYLLIS  
1.3 STREET ADDRESS 5741- FOX LAKE DR. UNIT # 4  
1.4 CITY-ST-ZIP N. FT. MYERS, FLORIDA 33917

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREG LAWRENCE

Date

3-18-99

Daytime Phone #

CR2E037 (11/98)