

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90002 038 ****61.25

DOCUMENT # 730773

1. Entity Name
**NORTHSIDE COMMUNITY CHURCH OF THE NAZARENE,
INC.**



Principal Place of Business
**6781 BAYSHORE ROAD
N FORT MYERS, FL 33917 US**

Mailing Address
**P.O. BOX 3297
NORTH FORT MYERS, FL 33918 US**



01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1577196

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PHELPS, LARRY PASTOR
4201 SILVER SWORD CT
NORTH FORT MYERS, FL 33903**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANNER, HERB 282 RAINBOW DR NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREY, NORMAN 4201 SILVER SWORD CT ALVA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, STEVE 914 SW 19TH LN CAPE CORAL, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAKEMAN, TOMMY 13521 FERN TRAIL DR NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ATKINSON, GERALDINE 8356 BREEZE DR NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OBNEY, PHYLLIS 5741 FOX LAKE DR UNIT #4 FORT MYERS, FL 33917

**DO NOT WRITE
IN THIS SPACE**

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, will, or other like empowered.

SIGNATURE: *Larry Phelps*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-04 239-567-0150