

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90221 019 ****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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1577196	
5. Certificate of Status Desired <input type="checkbox"/>				\$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				7. Name and Address of New Registered Agent Name Rev. Carlton Mills Street Address (P.O. Box Number is Not Acceptable) 15857 Shellcrest Dr. #288 City North Ft. Myers, FL Zip Code 33917	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-30-06 <small>(NOTE: Registered Agent signature required when reconstituting)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TANNER, HERB 282 RAINBOW DR NORTH FORT MYERS, FL 33903	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Rosemary Rohrey 7506 Sika Deer Way Ft. Myers, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARR, BUD 15811 BLUE SKIES DR NORTH FORT MYERS, FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Jean Monroe 15630 Crystal Lake Dr. #101 North Ft. Myers, FL 33917
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOLDEN, BETSY 3605 SW 2ND AVE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLAKEMAN, TOMMY 13521 FERN TRAIL DR NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHWAB, SAM 19250 N TAMiami TRL #E4 NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S O'LYNN, VAN 154 BLUE BEARD DR FORT MYERS, FL 33917	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4-30-06 <small>Daytime Phone #</small>	

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