

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 732480 (9)
1. Corporation Name
NORTH SIDE CHURCH OF CHRIST OF PENSACOLA, INC.Principal Place of Business
4001 N. NINTH AVE.
PENSACOLA FL 32503-2823
Mailing Address
4001 N. NINTH AVE.
PENSACOLA FL 32503-28233. Date Incorporated or Qualified
04/17/1975
3a. Date of Last Report
03/14/1996
4. FEI Number
59-0090900
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, WILLIAM C.
1450 E. TUNIS STREET
PENSACOLA FL 3250381 Name
McAFEE, MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable)
430 RANDALL LANE
83
84 City
CANTONMENT, FLORIDA FL
85 Zip Code
32533

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 617.0502, Florida Statutes.

SIGNATURE WILLIAM C. SMITH T/D *William C. Smith* 3/1/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE12. OFFICERS AND DIRECTORS
TITLE D ☒ DELETE
NAME CHILSON, EARL E.
STREET ADDRESS 7400 WYMART RD
CITY - ST - ZIP PENSACOLA FL
TITLE D ☐ DELETE
NAME GOELZ, ROBERT P.
STREET ADDRESS 1188 ELLISON DR.
CITY - ST - ZIP PENSACOLA FL
TITLE TD ☐ DELETE
NAME SMITH, WILLIAM C.
STREET ADDRESS 1450 E. TUNIS
CITY - ST - ZIP PENSACOLA FL
TITLE D ☐ DELETE
NAME BAKER, WILLIAM L.
STREET ADDRESS 118 W. GONZALEZ ST.
CITY - ST - ZIP PENSACOLA FL
TITLE D ☐ DELETE
NAME McAFEE, MICHAEL
STREET ADDRESS 430 RANDALL LANE
CITY - ST - ZIP CANTONMENT, FL. 32533
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS DECEASED
1.4 CITY - ST - ZIP
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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

WILLIAM C. SMITH T/D

3/1/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072624

CP2E037 (9/96)