

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90060 040 ****61.25

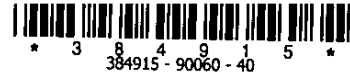
DOCUMENT # 732480

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 32503-2823



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/17/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-0090900

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCAFFEE, MICHAEL
430 RANDALL LN
CANTONMENT FL 32533

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 D ☐ DELETE

NAME MCAFFEE, MICHAEL
STREET ADDRESS 430 RANDALL LN
CITY-ST-ZIP CANTONMENT FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GOELZ, ROBERT P.
STREET ADDRESS 1186 ELLISON DR.
CITY-ST-ZIP PENSACOLA FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME SMITH, WILLIAM C.
STREET ADDRESS 1450 E. TUNIS
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE TD ☒ DELETE

NAME MATTHEWS, JOHNNY W.
STREET ADDRESS 1116 JAGUAR CIRCLE
CITY-ST-ZIP GULF BREEZE, FL 32561

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BAKER, WILLIAM L.
STREET ADDRESS 116 W. GONZALEZ ST.
CITY-ST-ZIP PENSACOLA FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 REQUIRED

4/17/99

(850) 432-4855