

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732480

FILED
Apr 19, 2006
Secretary of State

Entity Name: NORTH SIDE CHURCH OF CHRIST OF PENSACOLA, INC.

Current Principal Place of Business:

4001 N. NINTH AVE.
PENSACOLA, FL 325032823

New Principal Place of Business:

Current Mailing Address:

4001 N. NINTH AVE.
PENSACOLA, FL 325032823

New Mailing Address:

FEI Number: 59-0090900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCAFEE, MICHAEL
430 RANDALL LN
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

MATTHEWS, JOHNNY
1116 JAGUAR CIRCLE
GULF BREEZE, FL 32563 US

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.

SIGNATURE: JOHNNY MATTHEWS

04/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCAFEE, MACHAEL
Address: 430 RANDALL LN
City-St-Zip: CANTONMENT, FL

Title: D () Delete
Name: RAWSON, MIKE
Address: 7330 MIMOSA DR
City-St-Zip: PENSACOLA, FL 32526

Title: TD () Delete
Name: MATTHEWS, JOHNNY W
Address: 1116 JAGUAR CIR
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: BAKER, WILLIAM L.,
Address: 116 W. GONZALEZ ST.
City-St-Zip: PENSACOLA, FL

Title: S () Delete
Name: HEDRICK, RON
Address: 837 HORSEMEN PATH
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BAKER, WILLIAM L
Address: 116 W. GONZALEZ ST.
City-St-Zip: PENSACOLA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNNY W MATTHEWS

TD

04/19/2006

Electronic Signature of Signing Officer or Director

Date