## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 734117**

Entity Name: NORTHEAST CHURCH, INC.

DEHART, JODIE A

SARASOTA, FL 34243

3011 61ST

Name:

Address:

City-St-Zip:

FILED Jan 06, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2828 51ST ST. SARASOTA, FL 34234 **Current Mailing Address: New Mailing Address:** 2828 51ST ST SARASOTA, FL 34234 FEI Number: 59-1656646 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, RONALD H. 2828 51ST ST. SARASOTA, FL 34234 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JOHNSON, RONALD H., Name: Name: Address: 2828 51ST ST. Address: City-St-Zip: SARASOTA, FL City-St-Zip: Title: STD Title: ( ) Delete () Change () Addition Name: JOHNSON, NOLA J, Name: Address: 2828 51ST ST Address: City-St-Zip: SARASOTA, FL 00000. City-St-Zip: Title: **VPD** () Delete Title: () Change () Addition VAN NORT GREG, Name: Name: 6588 WEST PAMLIE CT Address: Address: City-St-Zip: CHRYSTAL RIVER, FL 34429 City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition Name: JOHNSON, GUERIN E, Name: 2250 SEWARD DR Address: Address: City-St-Zip: SARASOTA, FL City-St-Zip: Title: Title: VD () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RONALD H. JOHNSON PD 01/06/2004