

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 763169 (0)**  
 1. Corporation Name  
**NORTHSIDE CHRISTIAN CHURCH, INC.**

Principal Place of Business <b>133 PINE ISLAND RD CAPE CORAL FL 33909</b>	Mailing Address <b>133 PINE ISLAND RD CAPE CORAL FL 33909</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	26. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/07/1982</b>	3a. Date of Last Report <b>02/02/1994</b>
4. FEI Number <b>59-2202378</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**EVERLY, WILLIAM  
~~907 SW 3RD AVENUE~~  
~~CAPE CORAL FL 33904~~**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>129 SE. 10TH TERR</b>
83	
84 City	<b>CAPE CORAL</b>
85 State	<b>FL</b>
86 Zip Code	<b>33990</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE	<b>T</b>
NAME	<b>HAMPTON, TERRY L.</b>
STREET ADDRESS	<b>17760 WELLSWOOD RD</b>
CITY-ST-ZIP	<b>FT. MYERS FL</b>
TITLE	<b>PD</b>
NAME	<b>EVERLY, WILLIAM</b>
STREET ADDRESS	<b>129 S.E. 10TH TERRACE</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>DV</b>
NAME	<b>CHALFANT, DAVID</b>
STREET ADDRESS	<b>533 SE 34TH STREET</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>DS</b>
NAME	<b>LA RUE, MARK</b>
STREET ADDRESS	<b>1726 SW 10TH PLACE</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LA RUE, MARK</b>
2.3 STREET ADDRESS	<b>1726 SW 10TH PL</b>
2.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33991</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TRACY R. HANSON</b>
4.3 STREET ADDRESS	<b>17870 LESTANA ROAD</b>
4.4 CITY-ST-ZIP	<b>N. FT. MYERS, FL 33917</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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, or on an attachment with an address.

SIGNATURE:  **DAVID P. CHALFANT** 1-31-95 813-772-1110  
 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #