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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

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DOCUMENT # 763169

1. Corporation Name

NORTHSIDE CHRISTIAN CHURCH, INC.

Principal Place of Business

133 PINE ISLAND RD
CAPE CORAL FL 33909

Mailing Address

133 PINE ISLAND RD
CAPE CORAL FL 33909



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/07/1982

4. FEI Number

59-2202378

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

9. Name and Address of Current Registered Agent

CHALFANT, DAVID
133 PINE ISLAND ROAD
CAPE CORAL FL 33909

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME D
STREET ADDRESS CHALFANT, DAVID
CITY-ST-ZIP 533 SE 34TH STREET
CAPE CORAL FL 33904

TITLE ☐ DELETE
NAME D
STREET ADDRESS MCELRAVY, DARRELL
CITY-ST-ZIP 401 SW 38TH PLACE
CAPE CORAL FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS BAKER, GENE T
CITY-ST-ZIP 5425 MARINA ROAD
BOKEELIA FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS JOHNSON, JACK
CITY-ST-ZIP 953 WINSOME
NORTH FT. MYERS FL 33903

TITLE ☒ DELETE
NAME T
STREET ADDRESS HAMPTON, TERRY L
CITY-ST-ZIP 17760 WELLSWOOD RD
N FT MYERS FL 33917

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME T
1.3 STREET ADDRESS DAVID J. HAMMAN
1.4 CITY-ST-ZIP 4421 CORONADO PKY.
CAPE CORAL, FL 33904

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-99

CR2E037 (11/98)