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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

2a. Mailing Address

3. Date Incorporated or Qualified

05/07/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2202378

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 \$5.00 May Be Added to Fees

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHALFANT, DAVID
133 PINE ISLAND ROAD
CAPE CORAL FL 33909

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 CHALFANT, DAVID
STREET ADDRESS 533 SE 34TH STREET
CITY-ST-ZIP CAPE CORAL FL 33904

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

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

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-99

CR2E037 (11/98)