

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2000 8:00 am
Secretary of State

02-03-2000 90016 041 ****80.00

DOCUMENT # 763169

1. Entity Name

NORTHSIDE CHRISTIAN CHURCH, INC.

Principal Place of Business

Mailing Address

133 PINE ISLAND RD
 CAPE CORAL FL 33909

133 PINE ISLAND RD
 CAPE CORAL FL 33909-2559

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2202378

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHALFANT, DAVID
133 PINE ISLAND ROAD
CAPE CORAL FL 33909

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CHALFANT, DAVID	
STREET ADDRESS	533 SE 34TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCELRAVY, DARRELL	
STREET ADDRESS	401 SW 38TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, GENE T	
STREET ADDRESS	5425 MARINA ROAD	
CITY-ST-ZIP	BOKEELIA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JACK	
STREET ADDRESS	953 WINSOME	
CITY-ST-ZIP	NORTH FT. MYERS FL 33903	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAMMAN, DAVID J	
STREET ADDRESS	4421 CORONADO PKWY	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DAVID L PECHALFANT

1-16-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)