

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90046 047 ****70.00

DOCUMENT # 763169

1. Entity 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

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



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

MCELRAVY, DARRELL
710 SW 6TH STREET
CAPE CORAL FL 33991

7. Name and Address of New Registered Agent

Name

Konczyk, Robert J

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

1318 NE Van Loon Lane

City

Cape Coral

FL

Zip Code

33909

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. I am familiar with, and accept the obligations of registered agent.

X 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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D LARUE, MARK ☒ Delete
NAME
STREET ADDRESS SW 10TH PL
CITY-ST-ZIP CAPE CORAL FL 33991

TITLE D MCELRAVY, DARRELL ☒ Delete
NAME
STREET ADDRESS 710 SW 6TH STREET
CITY-ST-ZIP CAPE CORAL FL 33991

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D Cope, Ricky J. ☐ Change ☒ Addition
NAME
STREET ADDRESS 2137 SW. 5th Ave
CITY-ST-ZIP Cape Coral FL 33991

TITLE D Konczyk, Robert J. ☐ Change ☒ Addition
NAME
STREET ADDRESS 1318 NE Van Loon Lane
CITY-ST-ZIP Cape Coral FL 33909

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 or without other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/04

Date

Daytime Phone #