

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 763169

FILED
Jan 11, 2003
Secretary of State

Entity Name: NORTHSIDE CHRISTIAN CHURCH, INC.

Current Principal Place of Business:

133 PINE ISLAND RD
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

133 PINE ISLAND RD
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 59-2202378

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LARUE, MARK
Address: SW 10TH PL
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: MCELRAVY, DARRELL
Address: 710 SW 6TH STREET
City-St-Zip: CAPE CORAL, FL 33991

Title: D (X) Delete
Name: BAKER, GENE T
Address: 5425 MARINA ROAD
City-St-Zip: BOKEELIA, FL 33922

Title: D () Delete
Name: JOHNSON, JACK
Address: 953 WINSOME
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: T () Delete
Name: HAMMAN, DAVID J
Address: 4421 CORONADO PKWY
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J. HAMMAN

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01/11/2003

Electronic Signature of Signing Officer or Director

Date