

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mothari
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **M75533** (3)
 1. Corporation Name
NORTHSIDE CHRISTIAN BOOK AND OFFICE SUPPLY, INC.



Principal Place of Business: **2938 LEONID RD. JACKSONVILLE FL 32218**
 Mailing Address: **2938 LEONID RD. JACKSONVILLE FL 32218**

2. Principal Place of Business
 21 State, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country
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3. Date Incorporated or Qualified: **04/04/1988**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **59-2902381**
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**SPINNER & HART P.A.
 333 EAST BAY STREET
 JACKSONVILLE FL 32202**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code: **FL**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0902 and 607.1508, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent (Type or Print Name of Agent)

Signature of Agent (Type or Print Name of Agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	P	<input type="checkbox"/> DELETE
2. NAME	SNIPES, MARY ANN	
3. STREET ADDRESS	9201 RIDGE BLVD.	
4. CITY, ST, ZIP	JACKSONVILLE FL 32208	
5. TITLE	V	<input type="checkbox"/> DELETE
6. NAME	ALLEN, UVERLA G.	
7. STREET ADDRESS	9453 CARBONDALE DR., E.	
8. CITY, ST, ZIP	JACKSONVILLE FL 32208	
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Uverla Allen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-96 904-765-1164

CR2E034 (12/95)