

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Office of Business: 2938 LEONID RD. JACKSONVILLE FL 32218
Mailing Address: 2938 LEONID RD. JACKSONVILLE FL 32218-4871

2. Principal Office of Business	2a. Mailing Address	3. Date incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	04/04/1988	03/05/1996
22. City & State	27. City & State	4. FEI Number	Applied For
23. Zip	28. Zip	59-2902381	Not Applicable
24. Country	29. Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New 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 FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0412 and 607.0508, 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 for this change with and accept the obligations of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																				
<table border="1"> <tr> <td>NAME</td> <td>P</td> <td>DELETE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ADDRESS</td> <td>SNIPES, MARY ANN</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>9201 RIDGE BLVD.</td> <td></td> <td></td> </tr> <tr> <td></td> <td>JACKSONVILLE FL 32208</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td>V</td> <td>DELETE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ADDRESS</td> <td>ALLEN, UVERLA G.</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>9453 CARBONDALE DR., E.</td> <td></td> <td></td> </tr> <tr> <td></td> <td>JACKSONVILLE FL 32208</td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>DELETE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>DELETE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td>DELETE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>	NAME	P	DELETE	<input type="checkbox"/>	ADDRESS	SNIPES, MARY ANN			CITY-STATE-ZIP	9201 RIDGE BLVD.				JACKSONVILLE FL 32208			NAME	V	DELETE	<input type="checkbox"/>	ADDRESS	ALLEN, UVERLA G.			CITY-STATE-ZIP	9453 CARBONDALE DR., E.				JACKSONVILLE FL 32208			NAME		DELETE	<input type="checkbox"/>	ADDRESS				CITY-STATE-ZIP				NAME		DELETE	<input type="checkbox"/>	ADDRESS				CITY-STATE-ZIP				NAME		DELETE	<input type="checkbox"/>	ADDRESS				CITY-STATE-ZIP				<table border="1"> <tr> <td>1.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>1.4 CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>2.4 CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>3.4 CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>4.4 CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>5.4 CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> </tr> <tr> <td>6.4 CITY-STATE-ZIP</td> <td></td> </tr> </table>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME		1.3 STREET ADDRESS		1.4 CITY-STATE-ZIP		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-STATE-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-STATE-ZIP		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-STATE-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME		5.3 STREET ADDRESS		5.4 CITY-STATE-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-STATE-ZIP	
NAME	P	DELETE	<input type="checkbox"/>																																																																																																																		
ADDRESS	SNIPES, MARY ANN																																																																																																																				
CITY-STATE-ZIP	9201 RIDGE BLVD.																																																																																																																				
	JACKSONVILLE FL 32208																																																																																																																				
NAME	V	DELETE	<input type="checkbox"/>																																																																																																																		
ADDRESS	ALLEN, UVERLA G.																																																																																																																				
CITY-STATE-ZIP	9453 CARBONDALE DR., E.																																																																																																																				
	JACKSONVILLE FL 32208																																																																																																																				
NAME		DELETE	<input type="checkbox"/>																																																																																																																		
ADDRESS																																																																																																																					
CITY-STATE-ZIP																																																																																																																					
NAME		DELETE	<input type="checkbox"/>																																																																																																																		
ADDRESS																																																																																																																					
CITY-STATE-ZIP																																																																																																																					
NAME		DELETE	<input type="checkbox"/>																																																																																																																		
ADDRESS																																																																																																																					
CITY-STATE-ZIP																																																																																																																					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																				
1.2 NAME																																																																																																																					
1.3 STREET ADDRESS																																																																																																																					
1.4 CITY-STATE-ZIP																																																																																																																					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																				
2.2 NAME																																																																																																																					
2.3 STREET ADDRESS																																																																																																																					
2.4 CITY-STATE-ZIP																																																																																																																					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																				
3.2 NAME																																																																																																																					
3.3 STREET ADDRESS																																																																																																																					
3.4 CITY-STATE-ZIP																																																																																																																					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																				
4.2 NAME																																																																																																																					
4.3 STREET ADDRESS																																																																																																																					
4.4 CITY-STATE-ZIP																																																																																																																					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																				
5.2 NAME																																																																																																																					
5.3 STREET ADDRESS																																																																																																																					
5.4 CITY-STATE-ZIP																																																																																																																					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																				
6.2 NAME																																																																																																																					
6.3 STREET ADDRESS																																																																																																																					
6.4 CITY-STATE-ZIP																																																																																																																					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information contained 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 on Block 12 or Block 13 if changed, or on an appointment with an address.

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

CR2E034 (9/96)