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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # M75533

NORTHSIDE CHRISTIAN BOOK AND OFFICE SUPPLY, INC.

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Principal Place of Business		Mailing Address								3191: Q:\$11 (99)	
2938 LEONID RD.		2938 LEONID RD.			.						
JACKSONVILLE FL 32218		JACKSONVILLE FL 32218				DO NOT WRITE IN THIS SPACE					
							a Date	Incorporated or Quali		IS STACE	
								•	ieu		
			Mailing Address					04/1988 Number			Applied For
<del>-</del> '	lace of Business	$\vdash$	Mailing Address				1	2902381		<u> </u>	lot Applicable
21	M -A-	26	Suite, Apt. #, etc.	<del>.</del>							Additional
Suite, Apt.	#, etc.	27	Suite, Apr. #, etc.				5. Cert	ifcate of Status Desire	d, 🗆	•	Required
City & State			City & State				e Elec	tion Campaign Financi	ina	\$5.00	May Be
···		28	and the second second	~ ~~~·				st Fund Contribution	<u></u>		to Fees
23 Zip	Country		Zip	Count	try		8 This	corporation owes the	current year	Intangible	
24	25	29	<b></b> -	30	•		1	sonal Property Tax.		ŬYes	□No
24	9. Name and Address of Current		ered Agent	1				ne and Address of Ne	w Registere	d Agent	
			-, <del>-</del>	8	31	Name					İ
SPIN	INER & HART P.A.				32	Chrost As	1d (D O S	Box Number is Not Acc	entable)		
333 EAST BAY STREET						Street Ad	aaress (P.O. c	sox Number is Not Acc	eptable)		
JACH	KSONVILLE FL 32202			ē	33				-		]
							<u></u>	·		[88] 7:s	Code
				8	34	City			F	L 85 Zir	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State om familiar with, and accept the obligation	of Florid	a. Such change was a	uthorized (	DV (	tne corpor	orporation sub ation's board (	of directors. I hereby a	ccept the ap	cointment as	registered
SIGNATURE								<del>, ,</del>	DATE		
	Signature, typed or printed name of registered agent	t and title if	applicable. (NOTE	: Registered A			uired when reinstat		DATE	AND DIRECT	TORS IN 12
12.	OFFICERS AND	t and title if	applicable. (NOTE	: Registered A	gent			ing) TIONS/CHANGES TO			
12. TILE	OFFICERS AND	t and title if	applicable. (NOTE	13.	gent E					AND DIRECT	
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12. TITLE NAME STREET ADDRESS	P SNIPES, MARY ANN 9201 RIDGE BLVD.	t and title if	applicable. (NOTE	13. 1.1 TITLI 1.2 NAM 1.3 STRI	gent E E EET	algnature req					
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14. 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 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, with all other like empowered.

SIGNATURE:

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90075 031 \*\*\*150.00