

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

DOCUMENT #

N00000000015

1. Entity Name

NORTHSIDE CITIZEN WORSHIP CENTER, INC.

Principal Place of Business

Mailing Address

1653 Fannin Avenue, NW
Palm Bay FL 32907

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

59-361 5913

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Joycelyn Mundy
1653 Fannin Ave., NW
Palm Bay, FL 32907

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
President
Joycelyn Mundy
1653 Fannin Ave, NW
Palm Bay FL 32907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Assistant President
Stennet Mundy
1653 Fannin Ave., NW
Palm Bay, FL 32907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Board Officer
Albert Smith
926 Black Coral Ave.
Palm Bay FL 32907

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Board Member:
Louise Simpson
1556 Glencove Ave.
Palm Bay FL 32902

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Secretary
Joan Lergie
557 San Filipo
Palm Bay FL 32909

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CITY-STATE-ZIP

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joycelyn Mundy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/4/00 321-768-8851

APPROVED
AND
FILED

00 JUN 21 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/12/00 90039 043