

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000000015

1. Entity Name  
NORTHSIDE CITIZEN WORSHIP CENTER, INC.



Principal Place of Business  
1653 FANNIN AVE., N.W.  
PALM BAY, FL 32907

Mailing Address  
1653 FANNIN AVE., N.W.  
PALM BAY, FL 32907



02072005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3615913

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUNDY, JOYCELYN  
1653 FANNIN AVE. NW  
PALM BAY, FL 32907

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MUNDY, JOYCELYN  
STREET ADDRESS 1653 FANNIN AVE., N.W.  
CITY - ST - ZIP PALM BAY, FL 32907

TITLE APD  
NAME MUNDY, STENNET  
STREET ADDRESS 1653 FANNIN AVE., N.W.  
CITY - ST - ZIP PALM BAY, FL 32907

TITLE BOD  
NAME SMITH, ALBERT  
STREET ADDRESS 826 BLACK CORAL AVE.  
CITY - ST - ZIP PALM BAY, FL 32907

TITLE BM  
NAME SIMPSON, LOUISE  
STREET ADDRESS 1556 GLENCOVE AVE.  
CITY - ST - ZIP PALM BAY, FL 32902

TITLE S  
NAME LARGIE, JOAN  
STREET ADDRESS 557 SAN FILIPO  
CITY - ST - ZIP PALM BAY, FL 32909

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1101000287386  
04/04/05-80067-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #