

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 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



01082007 No Chg-NP CR2E037 (4/06)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000664113
03/22/07-80030-024 61.25

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	SAWYERS, MARLON
STREET ADDRESS	1496 GILE ST
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	BOD
NAME	MUNDY, DONNELL
STREET ADDRESS	1630 FANNIN AVE
CITY - ST - ZIP	PALM BAY, FL 32907
TITLE	S
NAME	SAWYERS, DOMINIQUE
STREET ADDRESS	1496 GILES ST
CITY - ST - ZIP	PALM BAY, FL 32907

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Joycelyn Mundy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/07