

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 8:00 am
Secretary of State

02-06-2008 90028 050 ****61.25

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**

66002833



01312008 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

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, 2008**

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

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
BESTMAN, JOWAN
1653 FANNIN AVE., N.W.
PALM BAY, FL 32907**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**BOD
MUNDY, DONNELL
1630 FANNIN AVE
PALM BAY, FL 32907**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 #