

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000015

FILED
Jan 13, 2009
Secretary of State

Entity Name: NORTHSIDE CITIZEN WORSHIP CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3615913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUNDY, JOYCELYN
Address: 1653 FANNIN AVE., N.W.
City-St-Zip: PALM BAY, FL 32907

Title: APD () Delete
Name: MUNDY, STENNET
Address: 1653 FANNIN AVE., N.W.
City-St-Zip: PALM BAY, FL 32907

Title: S () Delete
Name: BESTMAN, JOWAN
Address: 1653 FANNIN AVE., N.W.
City-St-Zip: PALM BAY, FL 32907

Title: BM () Delete
Name: SIMPSON, LOUISE
Address: 1556 GLENCOVE AVE.
City-St-Zip: PALM BAY, FL 32902

Title: BOD () Delete
Name: MUNDY, DONNELL
Address: 1630 FANNIN AVE
City-St-Zip: PALM BAY, FL 32907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOMENIC H CALICCHIA

ACC

01/13/2009

Electronic Signature of Signing Officer or Director

Date