


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000006601</b> 1. Entity Name <b>CHURCH OF CHRIST NORTH SIDE, INC.</b>					
Principal Place of Business <b>4019 NW 6TH STREET GAINESVILLE FL 32609</b>		Mailing Address <b>1034 SE 12TH AVENUE GAINESVILLE FL 32641</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip			
4. FEI Number <b>01-0759349</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>RUSHING, JR., ULYSEES 1034 SE 12TH AVENUE GAINESVILLE FL 32641</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>			
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 _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	PCT RUSHING, ULYSERS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	10345 SW 12TH AVE		NAME		
STREET ADDRESS	GAINESVILLE FL 32641		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	MO	<input type="checkbox"/> Delete	TITLE	U00000189643	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HALL, C.A.		NAME	01/24/05-80102-025 61.25	
STREET ADDRESS	4505 SE 2ND PL		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32641		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SIMMONS, RAYMOND G		NAME		
STREET ADDRESS	1216 SW 25TH ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32641		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LARRY, MICHEAL		NAME		
STREET ADDRESS	215 SW 43RD ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32641		CITY-ST-ZIP		
TITLE	DA1	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	FILOR, DELANO		NAME		
STREET ADDRESS	2401 NW 58TH AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32653		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	RUSHING, ULYSERS E III		NAME		
STREET ADDRESS	1216 SE 23RD ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32641		CITY-ST-ZIP		



1st MOORE CR2E037 (10/04)

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 changed, or on an attachment with an address, or all other like empowered.

**SIGNATURE:** *[Signature]* 1-18-05 352-3737830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #