2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Jan 24, 2006 8:00 am **Secretary of State** DOCUMENT # N02000006601 1. Entity Name 01-24-2006 90031 036 ****61.25 CHURCH OF CHRIST NORTH SIDE, INC. -Principal Place of Business Mailing Address 40005620 **Maliji ii ii ii ii ii** 4019 NW 6TH STREET 1034 SE 12TH AVENUE **GAINESVILLE FL 32609 GAINESVILLE FL 32641** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 01-0759349 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSHING, JR., ULYSEES 1034 SE 12TH AVENUE Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32641** City Zip Code 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) "是"。 "是我们的 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PCT TITLE ☐ Delete TITLE ☐ Change ■ Addition RUSHING, ULYSERS NAME NAME 10345 SW 12TH AVE STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32641 CITY-ST-ZIP CITY-ST-ZIP MO TITLE Delete Addition TITLE ☐ Change HALL, C.A. NAME NAME 4505 SE 2ND PL STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32641 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SIMMONS, RAYMOND G NAME NAME STREET ADDRESS 1216 SW 25TH ST STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32641 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change LARRY, MICHEAL NAME NAME STREET ADDRESS 215 SW 43RD ST STREET ADDRESS CITY-ST-7IP GAINESVILLE FL 32641 CITY-ST-ZIP DAT TITLE ☐ Delete TITLE ☐ Change Addition FILOR, DELANO NAME NAME STREET ADDRESS 2401 NW 58TH AVE STREET ADDRESS **GAINESVILLE FL 32653** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition RUSHING, ULYSERS E III NAME 1216 SE 23RD ST STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32641

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-7IP

1-18-04

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