


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

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90031 036 ****61.25

DOCUMENT # N0200006601
1. Entity Name
CHURCH OF CHRIST NORTH SIDE, INC.




Principal Place of Business Mailing Address
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.

City & State City & State

Zip Country Zip Country

40005620

1st MOORE CR2E037 (10/05)
4. FEI Number Applied For
01-0759349 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUSHING, JR., ULYSEES
1034 SE 12TH AVENUE
GAINESVILLE FL 32641

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PCT | <input type="checkbox"/> Delete |
| NAME | RUSHING, ULYSERS | |
| STREET ADDRESS | 10345 SW 12TH AVE | |
| CITY-ST-ZIP | GAINESVILLE FL 32641 | |
| TITLE | MO | <input checked="" type="checkbox"/> Delete |
| NAME | HALL, C.A. | |
| STREET ADDRESS | 4505 SE 2ND PL | |
| CITY-ST-ZIP | GAINESVILLE FL 32641 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SIMMONS, RAYMOND G | |
| STREET ADDRESS | 1216 SW 25TH ST | |
| CITY-ST-ZIP | GAINESVILLE FL 32641 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | LARRY, MICHEAL | |
| STREET ADDRESS | 215 SW 43RD ST | |
| CITY-ST-ZIP | GAINESVILLE FL 32641 | |
| TITLE | DAT | <input type="checkbox"/> Delete |
| NAME | FILOR, DELANO | |
| STREET ADDRESS | 2401 NW 58TH AVE | |
| CITY-ST-ZIP | GAINESVILLE FL 32653 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | RUSHING, ULYSERS E III | |
| STREET ADDRESS | 1216 SE 23RD ST | |
| CITY-ST-ZIP | GAINESVILLE FL 32641 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DAT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Joe Jackson | |
| STREET ADDRESS | 1124 NE 24th Terr | |
| CITY-ST-ZIP | Gainesville, FL 32601 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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.

SIGNATURE:  1-18-06 3523737830