

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90009 040 ****61.25



DOCUMENT # N02000006601
 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 - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
 01-0759349 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/06)

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) (DATE)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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-STATE-ZIP	GAINESVILLE FL 32641	
TITLE	DAT	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, JOE	
STREET ADDRESS	1124 NE 24TH TERRACE	
CITY-STATE-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMMONS, RAYMOND G	
STREET ADDRESS	1216 SW 25TH ST	
CITY-STATE-ZIP	GAINESVILLE FL 32641	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LARRY, MICHEAL	
STREET ADDRESS	215 SW 43RD ST	
CITY-STATE-ZIP	GAINESVILLE FL 32641	
TITLE	DAT	<input type="checkbox"/> Delete
NAME	FILOR, DELANO	
STREET ADDRESS	2401 NW 58TH AVE	
CITY-STATE-ZIP	GAINESVILLE FL 32653	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUSHING, ULYSERS E III	
STREET ADDRESS	1216 SE 23RD ST	
CITY-STATE-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-STATE-ZIP		
TITLE	DAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Auther Sams	
STREET ADDRESS	104 SE 14th Lane	
CITY-STATE-ZIP	Gainesville, FL 32601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07
Date Daytime Phone #