

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006589

FILED  
Sep 05, 2006  
Secretary of State

**Entity Name:** NORTH END COMMUNITY CHURCH OF MOLINO, FLORIDA, INCORPORATED.

**Current Principal Place of Business:**

5630 HWY. 196  
MOLINO, FL 32577

**New Principal Place of Business:**

**Current Mailing Address:**

5630 HWY. 196  
MOLINO, FL 32577

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCHACHLE, TONY  
5630 MOLINO ROAD  
MOLINO, FL 32577 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: P ( ) Delete  
Name: SCHACHLE, TONY  
Address: 5630 MOLINO ROAD  
City-St-Zip: MOLINO, FL 32577

Title: V ( ) Delete  
Name: PURVIS, ALAN  
Address: 1917 CHANCE RD  
City-St-Zip: MOLINO, FL 32577

Title: S ( ) Delete  
Name: LATHAN, JEFF  
Address: 8646 SUNSET VIEW LANE  
City-St-Zip: MOLINO, FL 32577

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: S (X) Change ( ) Addition  
Name: KELLY, PAUL  
Address: 220 OREO LN  
City-St-Zip: MOLINO, FL 32577

I hereby certify that the information supplied with this filing does not qualify for the 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: ALAN PURVIS

V

09/05/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date