

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011837

FILED
Mar 14, 2008
Secretary of State

Entity Name: NORTHSIDE FELLOWSHIP CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:

10310 LEM TURNER RD
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

10310 LEM TURNER RD
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 20-5883525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRANKLIN, PAMELA R
3097 MARSHWINDS WAY
JACKSONVILLE, FL 32226 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: FRANKLIN, DAVID W
Address: 3097 MARSHWINDS WAY
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: S () Delete
Name: DILLARD, NANCY
Address: 18458 NOAH RAULERSON RD
City-St-Zip: SANDERSON, FL 32087 US

Title: T () Delete
Name: BRIZENDINE, JUDITH G
Address: 1249 SOARING FLIGHT WAY
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D () Delete
Name: BYOUS, MARTHA
Address: 7709 DELAROCHE DRIVE
City-St-Zip: JACKSONVILLE, FL 32210 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: FRANKLIN, PAMELA R
Address: 3097 MARSHWINDS WAY
City-St-Zip: JACKSONVILLE, FL 32226 US

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

Title: D () Change (X) Addition
Name: BRIDGES, PATRICIA
Address: 270 BROWARD RD
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify 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: DAVID W FRANKLIN

P

03/14/2008

Electronic Signature of Signing Officer or Director

Date