## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 08, 2006 8:00 am Secretary of State DOCUMENT # N07000000621 05-08-2006 90271 035 \*\*\*150.00 NORTHSIDE CHURCH OF CHRIST OF PALATKA, INC. Principal Place of Business Mailing Address 903 OLIVE STREET 4736 AVENUE B PALATKA FL 32177 JACKSONVILLE FL 32209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State Applied For 4. FEI Number Not Applicable Zip 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 ROWE AND ROWE, P.A. Street Address (P.O. Box Number is Not Acceptable) 9471 BAYMEADOWS ROAD SUITE 203 JACKSONVILLE FL 32256 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Addition ☐ Delete TITLE Change M& Clendon, Charlie 4067 Broad Creek Lane NAME STREET ADDRESS STREET ADDRESS Jacksonville, FL 32218 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition Jackson michael 2412 Leonid Rd NAME NAME STREET ADDRESS STREET ADDRESS Jacksonville, Fl 32218 CITY-ST-ZIP CITY-ST-ZIP TITLE BULG ☐ Change ☐ Addition Jackson, Louis, 5x NAME NAME 5127 DONCOSTEVANE STREET ADDRESS STREET ADDRESS Jacksonville, Fl 32208 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition BYOWN, Thornton NAME NAME .23 Weaver Rd STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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 607, 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.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Charles MCCle

FILED