

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


02-08-2007 90044 014 ****61.25
09-06-2007 90010 003 ****61.25

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FILED

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2nd MOORE CR2E037 (4/07)

DOCUMENT # N07000000621					
1. Entity Name NORTHSIDE CHURCH OF CHRIST OF PALATKA, INC.					
Principal Place of Business 903 OLIVE STREET PALATKA FL 32177			Mailing Address 4736 AVENUE B JACKSONVILLE FL 32209		
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 20-8963327	
				Applied For <input type="checkbox"/> Additional Fee Required	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ROWE AND ROWE, P.A. 9471 BAYMEADOWS ROAD SUITE 203 JACKSONVILLE FL 32256			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing)</small> DATE _____					
FILE NOW: FEE IS \$61.25 Due By: September 5, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCLENDON, CHARLIE		NAME		
STREET ADDRESS	4067 BROAD CREEK LANE		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE FL 32218		CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MICHAEL, JACKSON		NAME		
STREET ADDRESS	2412 LEONID RD		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE FL 32218		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOUIS, JR., JACKSON		NAME		
STREET ADDRESS	5227 DONCASTER AVE		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE FL 32208		CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, THORNTON		NAME		
STREET ADDRESS	2323 WEAVER RD		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE FL 32209		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Charlie McCleendon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #