2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State

DOCUMENT # N0700005492 1. Entity Name THE NORTH CHURCH INC.								00056 047 ****61.2	
278 CHRISTEN DR N.			Mailing Address 278 CHRISTEN DR N. JACKSONVILLE,, FL 32218						11 11 11 11 11
Principal Place of Business - No P.O. Box # 3.			3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				03252008	Chg-NP	CR2E037 (12/06)	
City & State		City & State				4. FEI Numbe	20-827	9773 AP	plied For t Applicable
Zip	Country	Zip	ip Cour		intry	5. Certificate	of Status Desired	See Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent				
REGAL, TIM REV 2484 EGRETS GLADE DR JACKSONVILLE, FL 32224					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									
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign F Trust Fund Contribut						\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.				11.		ADDITIONS/CH/	ANGES TO OFFICE	RS AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REGAL, TIM L 2484 EGRETS GLADE DR JACKSONVILLE,, FL 32224		☐ Detete		I		1	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP UNKELBACH, HOBY 6329 SIMCA DR JACKSONVILLE, FL 32266		☐ Delete	•				Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		☐ Delate					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with	this filing	Delete	CITY	ET ADDRESS -ST-ZIP	d in Chanter 110	Florida Statutos	Change	Addition :

rivereby certaly triat the information supplied with this flang 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: _

3-26-08

904-386-0335