

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12579 (1)
1. Corporation Name
NORTHSIDE CHRISTIAN CENTER, INC.

Principal Place of Business 4558 KEY WOODLEY DR. JACKSONVILLE FL 32218	Mailing Address 4558 KEY WOODLEY DR. JACKSONVILLE FL 32218-4461
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/17/1985	3a. Date of Last Report 04/11/1996
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-2722339	Applied For Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

BLACKBURN, DENNIS
1800 FNB TOWER
JACKSONVILLE FL 32202

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOT Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISTLER, GLENN D	12. NAME	
STREET ADDRESS	4558 KEY WOODLEY DR S	13. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14. CITY-ST-ZIP	
TITLE	D	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KISTLER, LAURA D	22. NAME	
STREET ADDRESS	4558 KEY WOODLEY DR S	23. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	24. CITY-ST-ZIP	
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNDERWOOD, THOMAS L.	32. NAME	
STREET ADDRESS	1194 LILA ST.	33. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34. CITY-ST-ZIP	
TITLE	D	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEA, GREGORY P.	42. NAME	
STREET ADDRESS	7405 CALVIN ST.	43. STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)