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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90170 007 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N12579

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

12/17/1985

4. FEI Number

59-2722339

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing



\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BLACKBURN, DENNIS
 1800 FLORIDA NATIONAL BANK TOWER
 225 WATER STREET
 JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D DELETE

NAME KISTLER, GLENN D
 STREET ADDRESS 695 A1A N., #127 DR S
 CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE VP/D DELETE

NAME KISTLER, LAURA D
 STREET ADDRESS 695 A1A N., #127 DR S
 CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE T/D DELETE

NAME THOMAS UNDERWOOD
 STREET ADDRESS 6198 SABAL PALMS ST
 CITY-ST-ZIP BUNNELL FL 32110

TITLE S/D DELETE

NAME LEA, GREGORY P.
 STREET ADDRESS 165 CLAXTON
 CITY-ST-ZIP YULEE FL 32097

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Glenn D. Kistler SIGNATURE REQUIRED
 Signature and typed or printed name of signing officer or director

2/6/99
 Date

904-280-2264
 Daytime Phone #

CR2E037 (1/98)