

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90081 021 ****70.00

DOCUMENT # 012579
1. Entity Name
 Northside Christian Center, Inc.

Principal Place of Business **Mailing Address**
 695 AIA N. #127
 Ponte Vedra Beach, FL 32082

830330

2. Principal Place of Business **3. Mailing Address**
 695 A-1-A N.
 Suite, Apt. #, etc. #127

DO NOT WRITE IN THIS SPACE

City & State **City & State**
 Ponte Vedra Beach FL.
Zip **Country** **Zip** **Country**
 32082 U.S.A.

4. FEI Number **Applied For**
 59-2722339 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Dennis Blackburn
 1800 Florida National Bank Tower
 225 Water Street
 Jacksonville, Florida 32202

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	President Glenn D. Kistler 695 AIA N. #127 Ponte Vedra Beach, FL 32082
TITLE <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	Vice President Laura D. Kistler 695 AIA N. #127 Ponte Vedra Beach, FL 32082
TITLE <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Thomas Underwood 6198 Sabal Palms St. Bunnell, Florida 32110
TITLE <input checked="" type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gregory Lea 165 Claxton Yulce, Florida 32097
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 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: Glenn D Kistler President Glenn D. Kistler 03-13-00 904-280-2264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)