

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90164 003 \*\*\*\*70.00

**DOCUMENT # N12579**

1. Entity Name  
**NORTHSIDE CHRISTIAN CENTER, INC.**

Principal Place of Business      Mailing Address  
 695 A1A N # 127      695 A1A N # 127  
 PONTE VEDRA BEACH FL 32082      PONTE VEDRA BEACH FL 32082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**320 Southlake Drive**      **320 Southlake Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**St. Augustine, Florida**      **St. Augustine, Florida**  
 Zip      Country      Zip      Country  
**32092**      **USA**      **32092**      **USA**

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  
~~BLACKBURN, DENNIS~~  
**1800 FLORIDA NATIONAL BANK TOWER**  
**225 WATER STREET**  
**JACKSONVILLE FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:**  
**FEE IS \$61.25**

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 NAME	<b>P/D KISTLER, GLENN D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>695 A1A N., #127 DR S</b>	
CITY-ST-ZIP	<b>PONTE VEDRA FL 32082</b>	
TITLE NAME	<b>VP/D KISTLER, LAURA D</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>695 A1A N., #127 DR S</b>	
CITY-ST-ZIP	<b>PONTE VEDRA FL 32082</b>	
TITLE NAME	<del>T/D THOMAS UNDERWOOD</del>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<del>6198 SABAL PALMS ST</del>	
CITY-ST-ZIP	<del>BUNNELL FL 32110</del>	
TITLE NAME	<b>S/D LEA, GREGORY P.</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>165 CLAXTON</b>	
CITY-ST-ZIP	<b>YULEE FL 32097</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*      **REQUIRE**      **Glenn D. Kistler**      **2/5/01**      **904-230-8798**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)