

FILE NOW: FILING FEE IS \$61.25

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**Mar 05 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 # N22759 (7)

1. Corporation Name
NORTHSIDE CHRISTIAN CHURCH AT FRUITLAND PARK, FL ORIDA, INC.

Principal Place of Business 03115 EAGLE'S NEST ROAD FRUITLAND PARK FL 34731	Mailing Address 03115 EAGLES NEST RD. FRUITLAND PARK FL 34731-5487 US
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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3. Date Incorporated or Qualified 09/30/1987	3a. Date of Last Report 02/08/1996
4. FEI Number 59-2872430	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FERRIELL, ROBERT E.
37600 ROLLING ACRES
LADY LAKE FL 32159**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRIELL, ROBERT	
STREET ADDRESS	37600 ROLLING ACRES RD	
CITY - ST - ZIP	LADY LAKE FL	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	KELLER, JAMES	
STREET ADDRESS	373 CARRIAGE LANE	
CITY - ST - ZIP	LADY LAKE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LINDLE, GEORGE	
STREET ADDRESS	516 SAN LORENZO COURT	
CITY - ST - ZIP	LADN LAKE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Treasurer DT RICHARD W. FISCHER
2.3 STREET ADDRESS	1226 EAST SCHWARTZ BLVD
2.4 CITY - ST - ZIP	LADY LAKE, FL 32159
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Director DP PAUL CORMANY
3.3 STREET ADDRESS	129 WILLOW WAY
3.4 CITY - ST - ZIP	LADY LAKE, FL 32159
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE: *Richard W. Fischer* **Richard W. FISCHER** **2/10/97** **352-326-8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0089688**

CR2E037 (9/96)