

FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morthaz 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 <b>09115 EAGLE'S NEST ROAD FRUITLAND PARK FL 34731</b>	Mailing Address <b>09115 EAGLES NEST RD. FRUITLAND PARK FL 34731 US</b>
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3. Date Incorporated or Qualified <b>09/30/1987</b>	
4. FEI Number <b>59-2872430</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 WILLIAMS, E. K.  
82 Street Address (P.O. Box Number is Not Acceptable) 1500 MOSS AVENUE  
83  
84 City LEESBURG FL 85 Zip Code 34748**

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 E.K. Williams **E.K. WILLIAMS, DIRECTOR** **4-22-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FERRIELL, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>37600 ROLLING ACRES RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LADY LAKE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DT</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISHER, RICHARD W.</b>	2.2 NAME	<b>FISCHER, RICHARD W.</b>
STREET ADDRESS	<b>1226 EAST SCHWARTZ BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LADY LAKE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORMANY, PAUL</b>	3.2 NAME	
STREET ADDRESS	<b>129 WILLOW WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LADN LAKE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMS, E.K.</b>	4.2 NAME	<b>WILLIAMS, E.K.</b>
STREET ADDRESS	<b>1500 MOSS AVENUE</b>	4.3 STREET ADDRESS	<b>1500 MOSS AVENUE</b>
CITY-ST-ZIP	<b>LEESBURG, FL 34748</b>	4.4 CITY-ST-ZIP	<b>LEESBURG, FL 34748</b>
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MC BRIDE, JAMES M.</b>	5.2 NAME	<b>MC BRIDE, JAMES M.</b>
STREET ADDRESS	<b>728 TANGERINE DRIVE</b>	5.3 STREET ADDRESS	<b>728 TANGERINE DRIVE</b>
CITY-ST-ZIP	<b>LADY LAKE, FL 32159</b>	5.4 CITY-ST-ZIP	<b>LADY LAKE, FL 32159</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Richard W. Fischer **RICHARD W. FISCHER** **4/8/98** **352-326-8400**  
Signature and typed or printed name of signing officer or director Date

CP25037 (10/97)