

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90026 050 ****61.25

DOCUMENT # N22759

1. Entity Name

NORTHSIDE CHRISTIAN CHURCH AT FRUITLAND PARK, FL

Principal Place of Business

Mailing Address

03115 EAGLE'S NEST ROAD
 FRUITLAND PARK FL 34731

03115 EAGLES NEST RD.
 FRUITLAND PARK FL 34731-5467
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2872430

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, E K
1500 MOSS AVE
LEESBURG FL 34748

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

EK Williams

3-9-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **MCBRIDE, JAMES M**
 STREET ADDRESS **728 TANGERINE DR**
 CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **J** Change Addition
 NAME **JOSEPH K. MADDOX**
 STREET ADDRESS **2340 CONESTOGA DR. LEESBURG, FL**
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **FISCHER, RICHARD W**
 STREET ADDRESS **1226 EAST SCHWARTZ BLVD.**
 CITY-ST-ZIP **LADY LAKE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Delete
 NAME **CORMANY, PAUL**
 STREET ADDRESS **129 WILLOW WAY**
 CITY-ST-ZIP **LADN LAKE FL**

TITLE **D** Change Addition
 NAME **Chris Howard**
 STREET ADDRESS **37235 County Charm Dr.**
 CITY-ST-ZIP **Fruitland Park, Fl. 34731**

TITLE **D** Delete
 NAME **WILLIAMS, EK**
 STREET ADDRESS **1500 MOSS AVE**
 CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **DP** Change Addition
 NAME **E.K. Williams**
 STREET ADDRESS **1500 Moss Ave.**
 CITY-ST-ZIP **Leesburg, Fl. 34748**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: **SIGNATURE REQUIRED** *EK Williams* **3-9-00** **352-787-2875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)