

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90085 016 ****61.25

DOCUMENT # N22759

1. Entity Name
NORTHSIDE CHRISTIAN CHURCH AT FRUITLAND PARK, FL

Principal Place of Business 03115 EAGLE'S NEST ROAD FRUITLAND PARK FL 34731	Mailing Address 03115 EAGLES NEST RD. FRUITLAND PARK FL 34731 US
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C0028835



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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. Name and Address of Current Registered Agent
WILLIAMS, E K
1500 MOSS AVE
LEESBURG FL 34748

7. Name and Address of New Registered Agent
 Name: **HOWARD, CHRIS**
 Street Address (P.O. Box Number is Not Acceptable): **37235 COUNTY CHARM DR**
 City: **FRUITLAND PARK** FL Zip Code: **34731**

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: Chris Howard
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: S NAME: MADDOX, JOSEPH K STREET ADDRESS: 2340 CONESTOKTA DR. CITY-ST-ZIP: LEEBOURGE FL	<input type="checkbox"/> Delete
TITLE: DT NAME: FISCHER, RICHARD W STREET ADDRESS: 1226 EAST SCHWARTZ BLVD. CITY-ST-ZIP: LADY LAKE FL	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: HOWARD, CHRIS STREET ADDRESS: 37235 COUNTY CHARM DR. CITY-ST-ZIP: FRUITLAND PARK FL 34731	<input type="checkbox"/> Delete
TITLE: DP NAME: WILLIAMS, EK STREET ADDRESS: 1500 MOSS AVE CITY-ST-ZIP: LEESBURG FL 34748	<input checked="" type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: T NAME: JAMES GARY KELLER STREET ADDRESS: 373 CARRIAGE LANE CITY-ST-ZIP: LADY LAKE, FL 32159	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: BART SETTLE STREET ADDRESS: 705 CASCADE AVE CITY-ST-ZIP: LEESBURG, FL 34748	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James Gary Keller **2/23/01** **904-736-1700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EG37 (10/00)