

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90045 001 ****61.25

0085368

DOCUMENT # N22759

1. Entity Name

**NORTHSIDE CHRISTIAN CHURCH AT FRUITLAND PARK, FL
 ORIDA, INC.**

Principal Place of Business

Mailing Address

**03115 EAGLE'S NEST ROAD
 FRUITLAND PARK FL 34731**

**03115 EAGLES NEST RD.
 FRUITLAND PARK FL 34731
 US**



DO NOT WRITE IN THIS SPACE

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

**HOWARD, CHRIS
 37230 COUNTRY CHARM DR.
 FRUITLAND PARK FL 34731**

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

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	S	<input type="checkbox"/> Delete
NAME	MADDOX, JOSEPH K	
STREET ADDRESS	2340 CONESTOKTA DR.	
CITY-ST-ZIP	LEEBOURGE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KELLER, JAMES G	
STREET ADDRESS	373 CARRIAGE LANE	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, CHRIS	
STREET ADDRESS	37235 COUNTY CHARM DR.	
CITY-ST-ZIP	FRUITLAND PARK FL 34731	
TITLE	D	<input type="checkbox"/> Delete
NAME	SETTLE, BART	
STREET ADDRESS	705 CASCADE AVE	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/02 **352-753-9191**
 Date Daytime Phone #

CR2E037 (9/01)