2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N24818

Entity Name: NORTHRIDGE CHURCH, INC.

Current Principal Place of Business:

2075 EAST NINE MILE RD
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

9300 CAMBERWELL RD.
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 59-2857538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STANFORD, CHARLES R
9300 CAMBERWELL RD.
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	STANFORD, CHARLES R	
Address:	1209 MILL CREEK TRL	
City-St-Zip:	CANTONMENT, FL	
Title:	VPD	( ) Delete
Name:	EUBANKS, DARRYL	
Address:	5141 TRENTON DR.	
City-St-Zip:	PACE, FL	
Title:	SE	( ) Delete
Name:	CABE, HOWARD	
Address:	8277 TIPPIN AVE.	
City-St-Zip:	PENSACOLA, FL	
Title:	TE	( ) Delete
Name:	LANDRY, GREG	
Address:	1100 DOLPHIN RD.	
City-St-Zip:	CANTONMENT, FL	
Title:	E	( ) Delete
Name:	CURLEY, TOM	
Address:	4928 FOREST CREEK	
City-St-Zip:	PACE, FL 32571	
Title:	E	( ) Delete
Name:	HAMIL, RANDAL	
Address:	9940 WANDA DRIVE	
City-St-Zip:	PENSACOLA, FL 32514	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R. STANFORD PD 01/20/2009

Electronic Signature of Signing Officer or Director — Date