

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N28155 (2)**  
1. Corporation Name  
**NORTHSIDE CHURCH OF CHRIST INC. OF TAMPA**



Principal Place of Business Mailing Address  
**6906 N. 50TH ST. TAMPA FL 33605** **6906 N. 50TH ST. TAMPA FL 33605**

3. Date Incorporated or Qualified **08/31/1988** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business 2a. Mailing Address  
21 [ ] 26 **P.O. Box 291073**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 [ ] 27 [ ]  
City & State City & State  
23 [ ] 28 **Tampa FL**  
Zip Country Zip Country  
24 [ ] 25 [ ] 29 **33687** 30 **U.S.**

4. FEI Number **59-3236393** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution **N/A** **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DOSS, ERIC**  
**4001 FIELDGREEN PLACE**  
**LAND O LAKES FL 34639**

81 Name **Henry A. Hamilton**  
82 Street Address (P.O. Box Number is Not Acceptable) **4601 E. Serena Dr.**  
83 [ ]  
84 City **Tampa** FL 85 Zip Code **33617**

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 Henry A. Hamilton *Henry A. Hamilton* **04-17-96**  
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>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOSS, ERIC</b>	1.2 NAME	<b>Hamilton, Henry A.</b>
STREET ADDRESS	<b>4001 FIELDGREEN PLACE</b>	1.3 STREET ADDRESS	<b>4601 E. Serena Dr. Tampa FL 33617</b>
CITY-ST-ZIP	<b>LAND O LAKES FL 34639</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMILTON, HENRY</b>	2.2 NAME	<b>Burns, Dennis</b>
STREET ADDRESS	<b>4601 E. SERENA DR.</b>	2.3 STREET ADDRESS	<b>4439 Perch St Tampa FL 33617</b>
CITY-ST-ZIP	<b>TAMPA FL 33617</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, NORMAN</b>	3.2 NAME	
STREET ADDRESS	<b>2104 E 115TH AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, GARRETT</b>	4.2 NAME	
STREET ADDRESS	<b>6812 N 18TH ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOMENT, RUDOLPH</b>	5.2 NAME	
STREET ADDRESS	<b>1723 HARTLEY RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAMS, BERNARD</b>	6.2 NAME	<b>Turner, Thomas</b>
STREET ADDRESS	<b>10102 PINE TRAILS CR</b>	6.3 STREET ADDRESS	<b>3104 E. 17th Av Tampa FL 33605</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Henry A. Hamilton* **04-17-96 (813) 988-1503**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)