2002 UNIFORM BUSINESS REPORT (UBR) FILED May 28, 2002 8:00 am Secretary of State **DOCUMENT # N28155** 1. Entity Name NORTHSIDE CHURCH OF CHRIST INC. OF TAMPA 05-28-2002 91738 018 ****61.25 Principal Place of Business Mailing Address 6906 N. 50TH ST. P O BOX 291073 TAMPA FL 33605 **TAMPA FL 33687** AA171393 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3236393 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 23-10 N NEBRACKA AVENUE - 1714 West CASS Street TAMPA FL-33002 City Zip Code FL 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 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE 🗷 Delete TITLE CR2E037 (9/01) **X** Addition HURLEY, CONRAD M NAME Johnson, Ter 1624 Hullett NAME STREET ADDRESS 1520 LEDGESTONE DR. STREET ADDRESS BRANDON FL 33511 CITY-ST-ZIF CITY-ST-ZIP Brandon, Fl TITLE 🔀 Delete TITLE ☐ Change Addition **BURNS, DENNIS** NAME NAME itchen Willie C 4429 PERCH ST STREET-ADDRESS 6 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33617** CITY-ST-ZIP ☐ Delete TITLE Change Addition BUSH, SAMMIE Frexler, Richard L 5111 E. 113th Ave. NAME NAME STREET ADDRESS 4808 SANFORD COURT #D STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33617** Tampa, FI 33617 CITY-ST-ZIP TITLE X Delete TITLE ☐ Change ☐ Addition GREEN, JAMES NAME STREET ADDRESS **405 N WESTLAND** STREET ADDRESS CITY-ST-ZIE TAMPA FL 33606 CITY-ST-7IP B PD TITLE ☐ Delete TITLE Addition ☐ Change CARTER, JAMES NAME NAME 19120 MANDARIN GROVE PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition TURNER, THOMAS NAME NAME STREET ADDRESS 3104 E 17TH AVE STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.