

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N29308

1. Entity Name
**NORTHSIDE CHURCH OF CHRIST OF MAYO, FLORIDA,
INC.**



Principal Place of Business

**C/O HARLIE A. LYNCH
HIGHWAY 251-A
MAYO, FL 32066**

Mailing Address

**C/O HARLIE A. LYNCH
HIGHWAY 251-A
MAYO, FL 32066**



07022007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2949740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LYNCH, HARLIE A.
HIGHWAY 251-A
P O BOX 187
MAYO, FL 32066**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000767455

07/10/07-80005-023 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAND, MARK
STREET ADDRESS 600 NW HARLIE LYNETT PD
CITY-ST-ZIP MAYO, FL 32066

TITLE D
NAME PRIDGEON, ROBERT DOUGLAS
STREET ADDRESS P O BOX 63 N/A
CITY-ST-ZIP MAYO, FL

TITLE D
NAME LAND, DEAN A.
STREET ADDRESS HWY 352, RT. 2 BOX 192
CITY-ST-ZIP MAYO, FL

TITLE ST
NAME LYNCH, HARLIE A.
STREET ADDRESS CR 251, P O BOX 187 N/A
CITY-ST-ZIP MAYO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Harlie A. Lynch *Harlie A. Lynch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/07

Date

352-294-1881

Daytime Phone #