

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N31309

1. Corporation Name

NORTHSIDE PRESBYTERIAN CHURCH, INC.

Principal Place of Business

1901 LEONID ROAD
JACKSONVILLE FL 32218

Mailing Address

1901 LEONID ROAD
JACKSONVILLE FL 32218

2. Principal Place of Business

21 1901 LEONID ROAD
Suite, Apt. #, etc.

22 City & State

23 JACKSONVILLE FL

24 32218 25 USA

2a. Mailing Address

26 1901 LEONID ROAD
Suite, Apt. #, etc.

27 City & State

28 JACKSONVILLE FL

29 32218 30 USA

3. Date Incorporated or Qualified

03/22/1989

4. FEI Number
59-2950593

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

Gresch, Becky
5425 Ressie Drive
Jacksonville, FL 32218

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

02/03/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Harry Lampe	
STREET ADDRESS	5457 Ressie Drive	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Harold Jones	
STREET ADDRESS	10428 Bessent Rd. N.	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Jo Haley	
STREET ADDRESS	7126 Cedar Point Road	
CITY-ST-ZIP	Jacksonville, FL 32226	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Gene Reier	
STREET ADDRESS	920 Lafayette Drive, Jacksonville,	
CITY-ST-ZIP	FL 32218	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Jeanne Young	
STREET ADDRESS	10322 Swarthmore Drive	
CITY-ST-ZIP	Jacksonville, FL 32218	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Becky Gresch	
STREET ADDRESS	5452 Ressie Drive	
CITY-ST-ZIP	Jacksonville, FL 32218	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	George Motes
13 STREET ADDRESS	952 Lafayette Drive
14 CITY-ST-ZIP	Jacksonville, FL 32205
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Mickey Kramer
23 STREET ADDRESS	10253 Shore View Dr.
24 CITY-ST-ZIP	Jacksonville, FL 32218
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Rebecca Gresch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca Gresch

02/03/99

(904) 765-6347

Date

Daytime Phone #

CR2E037 (11/98)