

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31309

1. Entity Name

NORTHSIDE PRESBYTERIAN CHURCH, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90054 022 ****61.25

Principal Place of Business

1901 LEONID ROAD
JACKSONVILLE FL 32218

Mailing Address

1901 LEONID ROAD
JACKSONVILLE FL 32218-4796

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2950593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRESCH, BECKY
5425 RESSIE DRIVE
JACKSONVILLE FL 32218

Name

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

City

FL

Zip Code

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

FILE NOW:
FEES ARE \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOTES, GEORGE
952 LAFAYETTE DR
JACKSONVILLE FL 32205

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
KRAMER, MICKEY
10253 SHORE VIEW DR
JACKSONVILLE FL 32218

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
HALEY, JO
7126 CEDAR POINT RD
JACKSONVILLE FL 32226

TITLE ☒ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
REIER, GENE
920 LAFAYETTE DRIVE
JACKSONVILLE FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
YOUNG, JEANNE
10322 SWARTHMORE DRIVE
JACKSONVILLE FL 32218

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRESCH, BECKY
5425 RESSIE DRIVE
JACKSONVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
D
BYRON BEALL
5015 WOODSIDE LANE
CALLAHAN, FL 32011

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-00 (904) 765-6347