

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31309

FILED
Mar 17, 2009
Secretary of State

Entity Name: NORTHSIDE PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business:

1901 LEONID ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

1901 LEONID ROAD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 59-2950593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, ROSA
10428 BESSENT RD. N
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: JONES, ROSA
Address: 10428 BESSENT RD. N
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: CARESS, NANCY
Address: 2648 S PINE ESTATES ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: CARR, JULIE ANN
Address: 3768 VALLEY RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: JEFFREY, MARY
Address: RT. 1 BOX 401
City-St-Zip: RAIFORD, FL 32083

Title: P () Delete
Name: YOUNG, ROBERT
Address: 4621 CASTLEWOOD DR. W
City-St-Zip: JACKSONVILLE, FL 32206

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PACE, JOEL
Address: 14244 PACE ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: T (X) Change () Addition
Name: YOUNG, ROBERT
Address: 4621 CASTLEWOOD DR. W
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL PACE

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date