

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90140 017 ****70.00

DOCUMENT # N31309

1. Entity Name

NORTHSIDE PRESBYTERIAN CHURCH, INC.



Principal Place of Business

**1801 LEONID ROAD
JACKSONVILLE FL 32218**

Mailing Address

**1801 LEONID ROAD
JACKSONVILLE FL 32218**

11032784



☐ CHECK HERE IF MAKING CHANGES

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

**GRESCH, BECKY
5425 RESSIE DRIVE
JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

Name **Rosa Jones**

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

10428 Bessent RD., N

City **Jacksonville**

FL

Zip Code
32218

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

Rosa Jones

Rosa Jones, Clerk/Secretary/Dir. April ,2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **JONES, ROSA**
STREET ADDRESS **10428 BESSANT RD. N**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **D** ☐ Delete
NAME **CARESS, NANCY**
STREET ADDRESS **2648 S PINE ESTATES ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D/Moderator (C)** ☐ Change ☒ Addition
NAME **Haynes, Elizabeth B**
STREET ADDRESS **27 Riberia St.**
CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Barry, Carolyn**
STREET ADDRESS **4005 Windy Gale Dr. N.**
CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE **D** ☐ Change ☒ Addition
NAME **Barry, Ronald**
STREET ADDRESS **4005 Windy Gale Dr. N.**
CITY-ST-ZIP **Jacksonville, FL 32218**

TITLE **D** ☐ Change ☒ Addition
NAME **Peterson, Irving**
STREET ADDRESS **105 Evans Drive**
CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE **D** ☐ Change ☒ Addition
NAME **Carr, Julie Ann**
STREET ADDRESS **3768 Valley Road**
CITY-ST-ZIP **Jacksonville, FL 32207**

TITLE **D** ☐ Change ☒ Addition
NAME **Hodges, Jean**
STREET ADDRESS **3708 Jonas Drive**
CITY-ST-ZIP **Callahan, FL 32011**

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:

Rosa Jones
ROSALIND JONES, CLERK

4-13-03 **751-2404**
Date Daytime Phone #

CR2037 (10/02)