FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

NORTHSIDE CHIJBOH OF CHRIST OF WEST PASCO, INC.

, Nom	HOIDE OF OTHER	or vicor racco, inc	,	
Principal Plac	e of Business	Mailing Address		
EVER GREEN MALL HWY 19 STE. #10 NEW PORT RICHEY FL 34674-5016		P.O .BOX 5016 NEW PORT RICHEY FL 34674 US	I-5016	3. Date Incorporated or Qualified 06/03/1991
US				4. FEI Number Applied For Not Applied by Not Applied For
		2a. Mailing Address		5. Certificate of Status Desired \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Fee Required 6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curre	nt Registered Agent	<u>, </u>	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	g, Italia alla Address di Carre	int neglistered Agent	81 Name	10. Name and Address of New Hegistered Agent
REBSTON, BARBARA A.			82 Street Addr	ess (P.O. Box Number is Not Acceptable)
10715 FRAN ST			83	
NEW PO	ORT RICHEY FL 34654			
			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.				
i ·				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: R	egistered Agent signature require	ed when reinstating) DATÉ
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P PON	☐ DELETE	1.1 MILE	On B15 Addition
NAME	BIE, RON 11535 BROAN DR		12 NAME	535 BRUIN DR.
STREET ADDRESS CITY-ST-ZIP	NEW PORT RICHEY FL			ew Abrt Richey 74 34654
TITLE	VD VD	☐ DELETE	2.1 TITLE 3	Change Addition
NAME	REID. CHARLES	_	22 NAME	aid Charles
STREET ADDRESS	10140 NEW YORK AVE		2.3 STREET ADDRESS //	9050 PODLAR ST.
CITY-ST-ZIP	HUDSON FL		2.4 CITY-ST-ZIP	lew fort Richey 9. 34654
TITLE	STD	☐ DELETE	3.1 TITLE	L Change Addition
NAME	rebston, barbara a.		3.2 NAME	
STREET ADDRESS	10715 FRAN ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP	Change Addition
TITLE			5.1 TITLE	originge
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change Addition
		H pettic		
NAME STREET ADDRESS			6.2 NAME 6.3 STREET ADDRESS	
SINEEL ADUNESS			AY STUCET WARNESS	

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.

FILED

Jan 27 1998 8:00am

Secretary of State