

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43670

1. Entity Name

NORTHSIDE CHURCH OF CHRIST OF WEST PASCO, INC.

Principal Place of Business

EVER GREEN MALL HWY 19
STE. #10
NEW PORT RICHEY FL 34674-5016
US

Mailing Address

P.O. BOX 5016
NEW PORT RICHEY FL 34674-5016
US

2. Principal Place of Business

Evergreen Mall Hwy 19

Suite, Apt. #, etc.

Suite #10

City & State

Port Richey

Zip

34668

Country

PASCO

3. Mailing Address

P.O. Box 5016

Suite, Apt. #, etc.

~~Suite~~

City & State

Hudson FL

Zip

34674

Country

PASCO

4. FEI Number

00-0754140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REBSTON, BARBARA A.

10715 FRAN ST

NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

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: FEE IS \$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

PD
NAME RULE, HAROLD
STREET ADDRESS 9844 LAKEVIEW DRIVE, LOT D
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE ☐ Delete

VD
NAME REID, CHARLES
STREET ADDRESS 10058 POPLAR ST
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE ☐ Delete

STD
NAME REBSTON, BARBARA A. D
STREET ADDRESS 10715 FRAN ST
CITY-ST-ZIP NEW PORT RICHEY 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 ☒ Change ☐ Addition

PD
NAME Reid, Charles D
STREET ADDRESS 10058 Poplar St.
CITY-ST-ZIP New Port Richey, FL 34654

TITLE ☒ Change ☐ Addition

VP
NAME Harold Rule D
STREET ADDRESS 9844 Lakeview Dr. Lot D
CITY-ST-ZIP New Port Richey, FL 34654

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Barbara A. Rebston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02

Date

727/856/4003

Daytime Phone #

CR2E037 (9/01)