## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 28, 2004 8:00 am

Principal Place of Business 19 PAZA 1021 SLS 19 SUITE D NEW PORT RICHEY, FL 34674-5016 US  2. Principal Place of Business  Salin, Apl. #, etc.  Salin, Apl.	DOCUMENT # N43670  1. Entity Name NORTHSIDE CHURCH OF CHRIST OF WEST PASCO, INC.					Secretary of State 01-28-2004 90008 041 ****61.25					
Sulle, Apt. 8, etc.    Sulle, Apt. 8, etc.   D1202004   Chg.NP   CR2E097 (10/03)   City & State   Chy & State   Apt. 8 etc.   D1202004   Chg.NP   CR2E097 (10/03)   A FEI Number   OD-0754140   Nax Applicable   N	19 PLAZA P.O .BOX 5016 15215 U.S. 19 SUITE D NEW PORT RICHEY, FL 346										
City & State  Ci	2. Principal Pl	ace of Business	3. Mailing Address								
Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.		012	202004	Chg-NP	CR2E03	7 (10/03)		
8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of charging its registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purpose of charging its registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purpose of charging its registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purpose of charging its registered agent, or both, in the State of Piorida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Piorida. I am familiar with, and accept the obligation of registered agent. Or both, in the State of Piorida. I am familiar with, and accept the obligation of registered agent. Or both.  9. Election Campagn Francing.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  12. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  12. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  12. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  12. OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  16. OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  18. ADD	City & State		City & State								
REBSTON, BARBARA A. 10715 FRAN ST NEW PORT RICHEY, FL 34654  The above named writy submits this statement for the purpose of changing its registered office or registered agent, or both, in the Citate of Fords. I sm familiar with, and accept the obligations of registered agent.  SIGNATURE  Signatu	Zip	Country	Zip	Country	5. (	Certificate o	of Status Desired				
REBSTON, BARBARA A.    Crest Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current I	Registered Agent		7. N	lame and	Address of New F	Registered A	gent		
A. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature product men of ungalacted agent and tile 4 expication.  (ADTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature product men of ungalacted agent and tile 4 expication.  (ADTE Registered Agent agenture registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature product men of ungalacted agent and tile 4 expication.  (ADTE Registered Agent agenture registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature product predict men of ungalacted agent and tile 4 expication.  (ADTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  (ADTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  (ADTE Registered agent.  SIGNATURE  Signature product predict men of ungalacted agent and tile 4 expication.  (ADTE Registered agent.  (ADTE Registered agent.  (ADTE Registered agent.  Signature product predictions.  (ADTE Registered agent.  Signature product predictions.  (ADTE Registered agent.  Signature product predictions.  (ADTE Registered agent.  (ADTE Registe	10715 FRAN ST										
THE OBJECTION OF REGISTER AGE.  SIGNATURE  Barbara Q. Relication  FIlling Fee is \$81.25  Due by Mary 1, 2004  9. Electron Compaign Financing Trust Fund Contribution.  The Coon, JAMES  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  THE NAME PO COON, JAMES  CITY-ST-2P  THE STEE ADDRESS  OFFICERS AND DIRECTORS  THE STEE ADDRESS  CITY-ST-2P  ADDRESS  CITY-ST-2P  THE STEE ADDRESS  STREET ADDRESS  OFFICERS AND DIRECTORS  THE STREET ADDRESS  CITY-ST-2P  THE NAME STREET ADDRESS  STREET ADDRESS  CITY-ST-2P  THE NAME STREET ADDRESS  CITY-ST-2P  THE STREET				City	<del>, , , , - , ,</del>	<del>, ,</del>		FL	Zip Code	,	
Trust Fund Contribution. Added to Feee   Florida Department of State	the obligations of registered agent.  SIGNATURE Barbara Q. Releston 1/31/04										
TITLE   Delete   TITLE	Due by May 1, 2004 Trust Fund Cont				☐ Adde	d to Fees	Ro	ride Depart	ment of St	ete	
NAME STREET ADDRESS 12626 KINEN TRAIL (INCLUDED STREET ADDRESS CITY-ST-ZP)  NAME STREET ADDRESS 12626 KINEN TRAIL (INCLUDED STREET ADDRESS CITY-ST-ZP)  NAME STREET ADDRESS CITY-ST-ZP)  NEW PORT RICHEY, FL 34654  IIILE STD REBSTON, BARBARA A. STREET ADDRESS CITY-ST-ZP)  IIILE NAME STREET ADDRESS CITY-ST-ZP)  II								ERS AND DIF			
TITLE   PD   Delete   TITLE   PD   Charge   Addition   NAME   RULE, HAROLD   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   CHARGE   CITY-ST-ZIP   NEW PORT RICHEY, FL 34654   CITY-ST-ZIP   CITY-ST-ZIP   NAME   REBST ON, BARBARA A.   10715 FRAN ST   CITY-ST-ZIP   CITY-ST-ZIP   NAME   STREET ADDRESS   CITY-ST-ZIP	NAME STREET ADDRESS	COON, JAMES 12626 KINEN TRAIL (MEAN		NAME STREET ADDRESS	12636	KITT	TRAII لوتع	<u>L</u> .	M. Change	L.J. Addation	
HILL REBSTON, BARBARA A.  STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	RULE, HAROLD 9844 LAKEVIEW DR. LOT D	<b>∑</b> Z Delete	NAME STREET ADDRESS	PD Reid. 10058	Char	les D. AR St.	54	Change	Addition	
NAME STREET ADDRESS CITY-ST-7IP  INLE INLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	REBSTON, BARBARA A. 10715 FRAN ST	☐ Delete	NAME STREET ADDRESS					☐ Change	Addition	
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NAME STREET ADDRESS CITY-ST-7IP HAME STREET ADDRESS CITY-ST-7IP	NAME STREET ADDRESS		☐ Defete	NAME Street address					☐ Change	Addition	
	NAME STREET ADDRESS CITY-ST-7IP			HAME STREET ADDRESS CITY-ST-71P			D. Flands Co.				

Indicated on this report or supplied with this tilling does not quality for the exemption stated in 3000 113-000 113 to 3000 1

SIGNATURE: Barbara