

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90008 041 ****61.25

DOCUMENT # N43670 1. Entity Name NORTHSIDE CHURCH OF CHRIST OF WEST PASCO, INC.					
Principal Place of Business 19 PLAZA 15215 U.S. 19 SUITE D HUDSON, FL 34667 US			Mailing Address P.O. BOX 5016 NEW PORT RICHEY, FL 34674-5016 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REBSTON, BARBARA A. 10715 FRAN ST NEW PORT RICHEY, FL 34654				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Barbara A. Rebston</u> 1/31/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VPD <input type="checkbox"/> Delete				
NAME	COON, JAMES				
STREET ADDRESS	12626 KITTEN TRAIL (incorrect st. name)				
CITY-ST-ZIP	HUDSON, FL 34669				
TITLE	PD <input checked="" type="checkbox"/> Delete				
NAME	RULE, HAROLD				
STREET ADDRESS	9844 LAKEVIEW DR. LOT D				
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654				
TITLE	STD <input type="checkbox"/> Delete				
NAME	REBSTON, BARBARA A.				
STREET ADDRESS	10715 FRAN ST				
CITY-ST-ZIP	NEW PORT RICHEY, FL				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	Coon, James				
STREET ADDRESS	12626 KITTEN TRAIL				
CITY-ST-ZIP	Hudson, FL 34669				
TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
NAME	Reid, Charles D.				
STREET ADDRESS	10058 POPLAR ST.				
CITY-ST-ZIP	New Port Richey FL 34654				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: <u>Barbara A. Rebston</u> 1/31/04 727-856-4003 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					