


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N43670 1. Entity Name NORTHSIDE CHURCH OF CHRIST OF WEST PASCO, INC.	
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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
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01272005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 00-0754140	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent REBSTON, BARBARA A. 10715 FRAN ST NEW PORT RICHEY, FL 34654
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**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000215508 02/05/05-80011-024 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD COON, JAMES 12626 KITTEN TRAIL HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REID, CHARLES D 10058 POPLAR ST. NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD REBSTON, BARBARA A. 10715 FRAN ST NEW PORT RICHEY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: <u>Barbara A. Rebston</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>Jan. 31, 2005</u> DayTime Phone # <u>127-857-9109</u>