

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90133 012 ****61.25



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



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

19 PLAZA
Suite, Apt. #, etc.
15215 U.S. 19 Suite D

3. Mailing Address

Suite, Apt. #, etc.

City & State
HUDSON, FL

City & State

Zip Country
34667 PASCO

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Barbara A. Rebston
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan 13, 2003
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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	RULE, HAROLD	
STREET ADDRESS	9844 LAKEVIEW DRIVE, LOT D	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REID, CHARLES	
STREET ADDRESS	10058 POPLAR ST	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COON, JAMES	
STREET ADDRESS	12626 KITTEN TRAIL	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RULE, HAROLD	
STREET ADDRESS	9844 LAKEVIEW DR. LOT D	
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		
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: Barbara A. Rebston

Jan 13, 2003
Date

Daytime Phone #

CR2E037 (10/02)