

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

1997
CORPORATION
JULY 1997
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44202 (2)

1. Corporation Name
NORTHSIDE CHRISTIAN CENTER ASSEMBLY INC.

Mailing Address
820 CRESTWOOD STREET
JACKSONVILLE FL 32208

Principal Place of Business
820 CRESTWOOD STREET
JACKSONVILLE FL 32208

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	06/28/1991	06/11/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-3114493	Not Applicable
City & State	City & State	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution
23	28	\$8.75 Additional Fee Required <input type="checkbox"/>	<input type="checkbox"/>
Zip	Zip	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WILLIAMS, MALACHI
345 WEST 40 STREET
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D	1.1 TITLE	
1.2 NAME	WILLIAMS, MALACHI	1.2 NAME	
1.3 STREET ADDRESS	345 W. 40TH STREET	1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
2.1 TITLE	S/T	2.1 TITLE	
2.2 NAME	WHEELER, THELMA	2.2 NAME	
2.3 STREET ADDRESS	642 WOODBINE STREET	2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
3.1 TITLE	T	3.1 TITLE	
3.2 NAME	WHEELER, OTTO	3.2 NAME	
3.3 STREET ADDRESS	631 WOODBINE STREET	3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP		4.4 CITY - ST - ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Malachi Williams Malachi Williams President 5/1/97 (904) 634-088.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Lifetime Phone #