

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90004 021 \*\*\*\*61.25

**DOCUMENT # N44202**

1. Entity Name

**NORTHSIDE CHRISTIAN CENTER ASSEMBLY INC.**

Principal Place of Business

Mailing Address

**820 CRESTWOOD STREET  
 JACKSONVILLE FL 32208**

**820 CRESTWOOD STREET  
 JACKSONVILLE FL 32208-4428**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3114493**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, MALACHI  
 345 WEST 40 STREET  
 JACKSONVILLE FL 32208**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	WILLIAMS, MALACHI		
345 W. 40TH STREET	JACKSONVILLE FL		
ST	WHEELER, THELMA		
642 WOODBINE STREET	JACKSONVILLE FL		
T	WHEELER, OTTO		
631 WOODBINE STREET	JACKSONVILLE FL		

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:** *malachi williams* **SIGNATURE REQUIRED** *5/3/00* *655-1756*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)