2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005
Secretary of State

DOCUMENT# N44465

Entity Name: NORTHWEST COMMUNITY CHURCH, INC.

Current Principal Place of Business:

14913 HUTCHISON RD
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

14913 HUTCHISON RD
TAMPA, FL 33625 US

New Mailing Address:

FEI Number: 59-3092504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, SCOTT
12713 CARTE DR
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	COLLINS, SCOTT	
Address:	12713 CARTE DR	
City-St-Zip:	TAMPA, FL 33618	
Title:	SD	( ) Delete
Name:	KEARNS, FRANK	
Address:	3013 CASTLE ROCK CIR.	
City-St-Zip:	LAND O LAKES, FL 34639	
Title:	TD	( ) Delete
Name:	KEEFNER, MIKE	
Address:	18717 LIVINGSTON AVENUE	
City-St-Zip:	LUTZ, FL 33549	
Title:	D	( ) Delete
Name:	KURIAL, DOUG	
Address:	15143 WILLOWDALE RD.	
City-St-Zip:	TAMPA, FL 33625	
Title:	D	( ) Delete
Name:	LAY, RANDY	
Address:	1408 CURVE ROAD	
City-St-Zip:	TAMPA, FL 33612	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	FAIRCHILD, WILLIAM	
Address:	4975 TRINIDAD DRIVE	
City-St-Zip:	LAND O LAKES, FL 34639	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK KEARNS SD 03/21/2005

Electronic Signature of Signing Officer or Director — Date