

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44465

FILED  
Jul 02, 2006  
Secretary of State

**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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: D ( ) Delete  
Name: FAIRCHILD, WILLIAM  
Address: 4975 TRINIDAD DRIVE  
City-St-Zip: LAND O LAKES, FL 34639

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: KEARNS, FRANK  
Address: 3013 CASTLE ROCK CIR.  
City-St-Zip: LAND O LAKES, FL 34639

Title: SD (X) Change ( ) Addition  
Name: NAUMAN, MARC  
Address: 10114 RINGLING ST.  
City-St-Zip: NEWPORT RICHEY, FL 34655

Title: D (X) Change ( ) Addition  
Name: MARK, BEST  
Address: 17655 MEADOWBRIDGE DR.  
City-St-Zip: LUTZ, FL 33549

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

TD

07/02/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date