

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44465

FILED
Jan 07, 2007
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 ()

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

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

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

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

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

Title: SD (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

01/07/2007

Electronic Signature of Signing Officer or Director

Date