

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002099

FILED
Apr 28, 2008
Secretary of State

Entity Name: NORTHSIDE BIBLE CHURCH OF OCEANWAY INC.

Current Principal Place of Business:

11760 CHARLIE ROAD
JACKSONVILLE, FL

New Principal Place of Business:

11760 CHARLIE ROAD
JACKSONVILLE, FL 32218

Current Mailing Address:

85360 BLACKMON RD
YULEE, FL 320975000 US

New Mailing Address:

FEI Number: 59-3183726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, ROBERT T III
85360 BLACKMON RD
YULEE, FL 320975000 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: JONES, ROBERT T III
Address: 85360 BLACKMON RD
City-St-Zip: YULEE, FL 32097 US

Title: VD () Delete
Name: BAILEY, WAYNE A
Address: 8128 OAKWOOD ST.
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: S () Delete
Name: HIATT, BERTHA M
Address: 15441 NORMAN AVE N
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: SWING, ANGELA M
Address: 12033 PULASKI RD
City-St-Zip: JACKSONVILLE, FL 32218

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:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT T. JONES III

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date