

FILE NOW: FILING FEE IS \$61.25

RECEIVED
 FEB 25 PM 1:48

0007070

NONPROFIT CORPORATION -ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N96000000685

1. Corporation Name
CHRISTIAN CHURCH OF NORTH AMERICAN SOUTHERN DISTRICT, INC.

Principal Place of Business 8 BELLEVUE BLVD #402 BELLAIR FL 34616	Mailing Address 8 BELLEVUE BLVD #402 BELLAIR FL 34616
---	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 8014 TOMMY COURT TAMPA FL 33619	2a. Mailing Address 26 8014 Tommy Court Suite, Apt. #, etc. Tampa Fl 33619	3. Date Incorporated or Qualified 02/05/1996	4. FEI Number 59-3438205	Applied For <input type="checkbox"/> Not Applicable
23 TAMPA FL	27 City & State Tampa Fl	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
24 33619	28 Hillshor	29 33619	30 Hillshor	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
				\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent NASH, WILLIAM M 8 BELLEVUE BLVD #402 BELLAIR FL 34616	10. Name and Address of New Registered Agent 81 Name Rev. Douglas Bedgood 82 Street Address (P.O. Box Number is Not Acceptable) 8014 Tommy Court 83 84 City TAMPA, FL 85 Zip Code 33619
---	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Rev. Douglas Bedgood* DATE: **Jan 20 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME NASH, WILLIAM M		1.2 NAME Bedgood, Douglas Rev.	
STREET ADDRESS 8 BELLEVUE BLVD #402		1.3 STREET ADDRESS 8014 Tommy Court Tampa Fl	
CITY-ST-ZIP BELLAIR FL 34616		1.4 CITY-ST-ZIP 33619	
TITLE T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MITCHELL, THOMAS		2.2 NAME MITCHELL, THOMAS	
STREET ADDRESS 708 EDENVILLE AVE		2.3 STREET ADDRESS 708 EDENVILLE AVE	
CITY-ST-ZIP CLEARWATER FL 34624		2.4 CITY-ST-ZIP CLEARWATER FL 34624	
TITLE T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BEDGOOD, DOUGLAS		3.2 NAME MEISGEIER, THOMAS	
STREET ADDRESS 8010 TOMMY COURT		3.3 STREET ADDRESS 6020 MANGIE AVE #2	
CITY-ST-ZIP TAMPA FL 33619		3.4 CITY-ST-ZIP ST PETERSBURGH FL 33707	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. DOUGLAS BEDGOOD REQUIRED

Rev. Douglas Bedgood

Date: _____ Daytime Phone #: **628-8924**

CR2E037 (1/98)