


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000001345
 1. Entity Name
 NORTHWOOD COMMUNITY CHURCH, INC.



Principal Place of Business Mailing Address
 3214 LIDDY AVENUE 3214 LIDDY AVENUE
 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

VOGELEY, JOHN N
 3214 LIDDY AVENUE
 WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VOGELEY, JOHN N	
STREET ADDRESS	3214 LIDDY AVENUE	
CITY - ST - ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEPREZ, CLAUDIA	
STREET ADDRESS	3214 LIDDY AVENUE	
CITY - ST - ZIP	WEST PALM BEACH FL 33407	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOGELEY, ALAN P	
STREET ADDRESS	USCGC THETIS(WMEC 910) 10 GROUP	
CITY - ST - ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADDLESBERGER, SCOTT A	
STREET ADDRESS	435 56 STREET	
CITY - ST - ZIP	WEST PALM BEACH FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 01/28/04-80056-012 70.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John N. Vogeley* **JOHN N. VOGLEY** 1/28/04 562-848-7718
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #