

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90072 044 ****61.25



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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
VOGELEY, JOHN N
3214 LIDDY AVENUE
WEST PALM BEACH FL 33407

4. FEI Number Applied For
NO-T APPLICABLE Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: **VOGELEY, JOHN N.**
 Street Address (P.O. Box Number is Not Acceptable):
4200 A NORTH TERRACE
 City: **WEST PALM BEACH** FL Zip Code: **33407**

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: JOHN N. VOGLEY *John N. Vogeley* 2/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing state) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGELEY, JOHN N
STREET ADDRESS	4200 A NORTH TERRACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPREZ, CLAUDIA
STREET ADDRESS	4200 A NORTH TERRACE
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGELEY, ALAN P.
STREET ADDRESS	3217 FLORAL AVE
CITY-ST-ZIP	WEST PALM BEACH FL 33407
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	

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. VOGLEY *John N. Vogeley* 2/28/05 561-676-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #