


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000003130
 1. Entity Name
 NORTHSIDE APOSTOLIC CHURCH, INC.



Principal Place of Business 213 W. 91/2 MILE RD. PENSACOLA, FL 32534	Mailing Address 213 W. 91/2 MILE RD. PENSACOLA, FL 32534
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07192004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3573531	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SIMMONS, KATHY J
 213 W. 91/2 MILE RD.
 PENSACOLA, FL 32534

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, STEVEN R 112 W. BURGESS ROAD PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TROESCH, HAROLD 3080 PINE FOREST ROAD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLGYER, PARIS L TRUSTEE 1200 KEMALLA AVE MOLINE, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FAILS, TOMMY TRUSTEE 1780 MUSCOGEE RD CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/22/04-80011-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Kathy Simmons* **7-19-04** **850-476-5918**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #