

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 06, 2005
Secretary of State**

DOCUMENT# N99000003130

Entity Name: NORTHSIDE APOSTOLIC CHURCH, INC.

Current Principal Place of Business:

213 W. 91/2 MILE RD.
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

213 W. 91/2 MILE RD.
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: 59-3573531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMMONS, KATHY J
213 W. 91/2 MILE RD.
PENSACOLA, FL 32534 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: D () Delete
Name: SIMMONS, STEVEN R
Address: 112 W. BURGESS ROAD
City-St-Zip: PENSACOLA, FL 32503

Title: T () Delete
Name: TROESCH, HAROLD
Address: 3080 PINE FOREST ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: T () Delete
Name: ALLGYER, PARIS L TRUSTEE
Address: 1200 KEMALLA AVE
City-St-Zip: MOLINE, FL 32577

Title: T (X) Delete
Name: FAILS, TOMMY TRUSTEE
Address: 1780 MUSCOGEE RD
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SIMMONS, STEVEN R
Address: 211 W 9 1/2 MILE RD
City-St-Zip: PENSACOLA, FL 32534

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: FAILS, TOMMY
Address: 1780 MUSCOGEE RD
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KATHY SIMMONS

S

07/06/2005

Electronic Signature of Signing Officer or Director

_____ Date