

**2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 09, 2007  
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:**

213 W. 9 1/2 MILE RD.  
PENSACOLA, FL 32534

**Current Mailing Address:**

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

**New Mailing Address:**

213 W. 9 1/2 MILE RD.  
PENSACOLA, FL 32534

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:**

SIMMONS, KATHY J  
340 LOWELL LN  
PENSACOLA, FL 32514      US

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: KATHY J SIMMONS

10/09/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: T      ( ) Delete  
Name: ALLGYER, DAVID  
Address: 112 W BURGESS RD  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: SIMMONS, STEVEN R  
Address: 340 LOWELL LN  
City-St-Zip: PENSACOLA, FL 32514

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 J SIMMONS

S

10/09/2007

Electronic Signature of Signing Officer or Director

Date