

050000

Pay Telephone Service Provider Regulatory Assessment Fee Return

ORIGINAL

Florida Public Service Commission
(See Filing Instructions on Back of Form)

STATUS:

- Actual Return
- Estimated Return
- Amended Return

TG953-04-0-R
 Northside Church of Christ of Jacksonville, Inc.
 P. O. Box 12319
 Jacksonville, FL 32209-0319

FOR PSC USE ONLY
 Check# 10822
 \$ 50.00 06-03-001
 003001
 \$ _____ P 06-03-001
 004011
 \$ _____ I
 Postmark Date 0205 1-31-05
 Initials of Preparer RT

PERIOD COVERED:
01/01/2004 TO 12/31/2004

Nonnye

Please Complete Below If Official Mailing Address Has Changed

Northside Church of Christ of Jacksonville, FL 4736 Ave B FAX FL 32209
 (Name of Company) (Address) (City/State) (Zip)

LINE NO.	ACCOUNT CLASSIFICATION	CMP	COM	CTR	ECR	GCL	OPC	MMS	RCA	SCR	SEC	OTH	AMOUNT
1.	Gross Operating Revenue (Florida)												\$ 00
2.	Gross Intrastate Revenue												00
3.	LESS: Amounts Paid to Other Telecommunications Companies* (see "2. Fees" on back)												(00)
4.	TOTAL REVENUES for Regulatory Assessment Fee Calculation (Line 2 less Line 3)												\$ 50.00
5.	Regulatory Assessment Fee Due - (Multiply Line 4 by 0.0015)												
6.	Penalty for Late Payment (see "3. Failure to File by Due Date" on back)												
7.	Interest for Late Payment (see "3. Failure to File by Due Date" on back)												
8.	TOTAL AMOUNT DUE												\$ 50.00

AS PROVIDED IN SECTION 364.336 FLORIDA STATUTES, THE MINIMUM ANNUAL FEE IS \$50

THIS FORM MUST BE COMPLETED AND RETURNED REGARDLESS OF THE AMOUNT OF REVENUES REPORTED

9. Number of pay telephones in operation at close of period covered by this Return 00

* These amounts must be intrastate only and must be verifiable.

I, the undersigned owner/officer of the above-named company, have read the foregoing and declare that to the best of my knowledge and belief the above information is a true and correct statement. I am aware that pursuant to Section 837.06, Florida Statutes, whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

Charlie McClendon
(Signature of Company Official)

minister/president 1/24/05
(Title) (Date)

Charlie McClendon
(Preparer of Form - Please Print Name)

Telephone Number 904 765 9830 Fax Number 904 764 804

F.E.I. No. _____ DOCUMENT NUMBER-DATE

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