

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010754

**Entity Name:** IDOLS ASIDE MINISTRIES, INC.**Current Principal Place of Business:**214 ORANGE STREET  
SUITE D  
AUBURNDALE, FL 33823**Current Mailing Address:**214 ORANGE STREET  
SUITE D  
AUBURNDALE, FL 33823 US**FEI Number:** 26-3803093**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WRIGHT, MARK DJR  
214 ORANGE STREET  
SUITE D  
AUBURNDALE, FL 33823 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PR
Name	WRIGHT, MARK DJR
Address	PO BOX 2015
City-State-Zip:	AUBURNDALE FL 33823

Title	TREASURER
Name	SIMPSON, TERRY
Address	1848 PINNACLE DR
City-State-Zip:	LAKELAND FL 33813

Title	OFFICER
Name	GOLDSMITH, LEVI
Address	3212 HAWKS RIDGE DR
City-State-Zip:	LAKELAND FL 33810

Title	SECRETARY
Name	GARRARD, LORI
Address	2440 LAKE HOLLINGSWORTH HILL AVE
City-State-Zip:	LAKELAND FL 33803

Title	OFFICER
Name	KELLOGG, LEE
Address	5153 HIGHLANDS LAKEVIEW LOOP
City-State-Zip:	LAKELAND FL 33812

Title	OFFICER
Name	HARPER, REGINA
Address	495 CANTERWOOD DR
City-State-Zip:	MULBERRY FL 33860

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARK WRIGHT

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02/11/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date