

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-03-2006 90115 004 ****61.25

DOCUMENT # 702763 1. Entity Name SOUTHSIDE ASSEMBLY OF GOD, INC.					
Principal Place of Business 4750 CLEVELAND HEIGHTS BLVD. LAKELAND FL 33813			Mailing Address 4750 CLEVELAND HEIGHTS BLVD. LAKELAND FL 33813		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 59-1874248
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent STEPHENS, PHILLIP 1100 OAKBRIDGE PARKWAY APT 183 LAKELAND FL 33803			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
FILE NOW FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STEPHENS, PHILLIP 110 OAKBRIDGE PKWY, APT 183 LAKELAND FL 33803 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1100 Oakbridge Pkwy, Apt 183	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRINSTEAD, DALE 470 NIGHTHAWK DRIVE LAKELAND FL 33813 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST GRINSTEAD, NORMAN 1136 PRINCE PLACE LAKELAND FL 33813 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AKINS, ROBERT 5810 LAKE VICTORIA COVE LAKELAND FL 33813 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Steve Adkins 3447 Summerwood Way Lakeland FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kenneth Austin 4569 Orangethicket Loop W. Lakeland FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <i>Rev. Phillip M. Stephens</i>			3/13/06 863-646-8050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 702763

1. Entity Name

SOUTHSIDE ASSEMBLY OF GOD, INC.



Principal Place of Business

4750 CLEVELAND HEIGHTS BLVD.
LAKELAND FL 33813

Mailing Address

4750 CLEVELAND HEIGHTS BLVD.
LAKELAND FL 33813

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1874248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, PHILLIP
1100 OAKBRIDGE PARKWAY
APT 183
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW! FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Makes Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME STEPHENS, PHILLIP
STREET ADDRESS 110 OAKBRIDGE PKWY, APT 183
CITY- ST- ZIP LAKELAND FL 33803 ☐ Delete

TITLE D
NAME GRINSTEAD, DALE
STREET ADDRESS 470 NIGHTHAWK DRIVE
CITY- ST- ZIP LAKELAND FL 33813 ☐ Delete

TITLE ST
NAME GRINSTEAD, NORMAN
STREET ADDRESS 1136 PRINCE PLACE
CITY- ST- ZIP LAKELAND FL 33813 ☐ Delete

TITLE D
NAME AKINS, ROBERT
STREET ADDRESS 5810 LAKE VICTORIA COVE
CITY- ST- ZIP LAKELAND FL 33813 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~Albert Carter~~
NAME ~~Albert Carter~~
STREET ADDRESS ~~2033 Brandonridge Ln~~
CITY- ST- ZIP ~~Lakeland FL 33813~~ ☐ Change ☒ Addition

TITLE D
NAME John Gabbel
STREET ADDRESS 3409 Bent Tree Loop E
CITY- ST- ZIP Lakeland FL 33813 ☐ Change ☒ Addition

TITLE D
NAME Roy Graves
STREET ADDRESS 5520 Francis Pipkin Rd
CITY- ST- ZIP Lakeland FL 33813 ☐ Change ☒ Addition

TITLE D
NAME William Harry
STREET ADDRESS 927 Micanopy Dr
CITY- ST- ZIP Lakeland FL 33813 ☐ Change ☒ Addition

TITLE D
NAME James Hartsock
STREET ADDRESS 636 Orange Valley Ln
CITY- ST- ZIP Lakeland FL 33813 ☐ Change ☒ Addition

TITLE D
NAME James Phillips
STREET ADDRESS 318 Oak Trail
CITY- ST- ZIP Lakeland FL 33813 ☐ Change ☒ Addition

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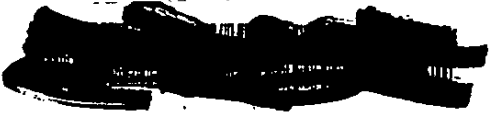
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 702763 1. Entity Name SOUTHSIDE ASSEMBLY OF GOD, INC.						ATTACHMENT 66006968 	
Principal Place of Business 4750 CLEVELAND HEIGHTS BLVD. LAKELAND FL 33813				Mailing Address 4750 CLEVELAND HEIGHTS BLVD. LAKELAND FL 33813			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E037 (10/05) 4. FEI Number 59-1874248 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
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FILE NOW: FEE IS \$61.25 Due By May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STEPHENS, PHILLIP			NAME	Don Sumner		
STREET ADDRESS	110 OAKBRIDGE PKWY, APT 183			STREET ADDRESS	4852 Leisurewood Ln		
CITY - ST - ZIP	LAKELAND FL 33803			CITY - ST - ZIP	Lakeland FL 33811		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRINSTEAD, DALE			NAME	Miles Watson		
STREET ADDRESS	470 NIGHTRAWK DRIVE			STREET ADDRESS	2620 Deer Rack Ln		
CITY - ST - ZIP	LAKELAND FL 33813			CITY - ST - ZIP	Lakeland FL 33811		
TITLE	ST	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRINSTEAD, NORMAN			NAME			
STREET ADDRESS	1136 PRINCE PLACE			STREET ADDRESS			
CITY - ST - ZIP	LAKELAND FL 33813			CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AKINS, ROBERT			NAME			
STREET ADDRESS	5818 LAKE VICTORIA COVE			STREET ADDRESS			
CITY - ST - ZIP	LAKELAND FL 33813			CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							



ATTACHMENT

66006968

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2006

SOUTHSIDE ASSEMBLY OF GOD, INC.
4750 CLEVELAND HEIGHTS BLVD.
LAKELAND, FL 33813

Signed

Subject: SOUTHSIDE ASSEMBLY OF GOD, INC.

Reference Number:

702763

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION