

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 719060 (6)
1. Corporation Name
NORTHSIDE ASSEMBLY OF GOD, INC., OF TAMPA, FLORI
DA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
16235 LAKE MAGDALENE BLVD. TAMPA FL 33613
16235 LAKE MAGDALENE BLVD. TAMPA FL 33613

3. Date Incorporated or Qualified 02/27/1970
3a. Date of Last Report 03/22/1994
4. FEI Number 59-2913528 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
PAWLAK, SAMUEL P., SR.
16235 LAKE MAGDALENE BLVD.
TAMPA FL 33613

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS
TITLE D
NAME JOHNSON, KENNETH
STREET ADDRESS 15110 HEATHRIDGE DR
CITY-ST-ZIP TAMPA FL
TITLE ST
NAME FROST, PATRICIA B.
STREET ADDRESS 11113 - 21ST STREET
CITY-ST-ZIP TAMPA FL
TITLE D
NAME PLACE, LLOYD
STREET ADDRESS 8417 46TH STREET
CITY-ST-ZIP TAMPA FL
TITLE VD
NAME FROST, JACK E.
STREET ADDRESS 11113 - 21ST STREET
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME D GILKEY, WARREN
3.3 STREET ADDRESS 5514 RAVEN COURT
3.4 CITY-ST-ZIP TAMPA, FL. 33625
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Patricia Frost* PATRICIA FROST 3/8/95 813-961-0910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #