

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90067 008 ****61.25

DOCUMENT # 719060

1. Entity Name
NORTHSIDE ASSEMBLY OF GOD, INC., OF TAMPA, FLORI

Principal Place of Business 16235 LAKE MAGDALENE BLVD. TAMPA FL 33613	Mailing Address 16235 LAKE MAGDALENE BLVD. TAMPA FL 33613-1250
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DO NOT WRITE IN THIS SPACE

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 59-2913528	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
LETT, EDWIN DEON
14625 PAR CLUB LANE
TAMPA FL 33624

7. Name and Address of New Registered Agent
 Name **Lett, Edwin Deon**
 Street Address (P.O. Box Number is Not Acceptable) **24922 Laurel Ridge Drive**
Lutz, Florida 33549
 City **FL** Zip Code **33549**

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.

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE D JOHNSON, KENNETH STREET ADDRESS 15110 HEATHRIDGE DR CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> Delete
TITLE ST FROST, PATRICIA B. STREET ADDRESS 38146 OVERBROOK BLVD CITY-ST-ZIP ZEPHYRHILLS FL 33541	<input checked="" type="checkbox"/> Delete
TITLE D MC CULLERS, ZACHREY STREET ADDRESS 2214 PINECREST DRIVE CITY-ST-ZIP LUTZ FL 33549	<input checked="" type="checkbox"/> Delete
TITLE VD FROST, JACK E. STREET ADDRESS 38146 OVERBROOK BLVD CITY-ST-ZIP ZEPHYRHILLS FL 33541	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/C/M/D NAME Lett, Edwin Deon STREET ADDRESS 24922 Laurel Ridge Drive CITY-ST-ZIP Lutz, Florida 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S/Ten NAME Hagen, Christine Beville STREET ADDRESS 14603 Dartmoor Drive CITY-ST-ZIP Tampa, Florida 33624	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Valdez, Randy STREET ADDRESS 3006 Lake Ellen Drive CITY-ST-ZIP Tampa, Florida 33618	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **2-10-00** **813961-0910**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)