

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90314 048 \*\*\*\*61.25

**DOCUMENT # 719060**

1. Entity Name

**NORTHSIDE ASSEMBLY OF GOD, INC., OF TAMPA, FLORIDA**

Principal Place of Business

**16235 LAKE MAGDALENE BLVD.  
TAMPA FL 33613**

Mailing Address

**16235 LAKE MAGDALENE BLVD.  
TAMPA FL 33613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2913528**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LETT, EDWIN DEON  
24922 LAUREL RIDGE DRIVE  
LUTZ FL 33549**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PCMD**  Delete  
 NAME: **LETT, EDWIN D**  
 STREET ADDRESS: **24922 LAUREL RIDGE DRIVE**  
 CITY-ST-ZIP: **LUTZ FL 33549**

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE: **ST**  Delete  
 NAME: **HALL, TERRI L**  
 STREET ADDRESS: **14908 LAURIE LANE**  
 CITY-ST-ZIP: **TAMPA FL 33613**

TITLE: **ST**  Change  Addition  
 NAME: **RHODES, BEN W**  
 STREET ADDRESS: **19312 GARDEL QUART CIRCLE**  
 CITY-ST-ZIP: **LUTZ, FL. 33558**

TITLE: **D**  Delete  
 NAME: **VALDEZ, RANDY**  
 STREET ADDRESS: **3006 LAKE ELLEN DRIVE**  
 CITY-ST-ZIP: **TAMPA FL 33618**

TITLE: **D**  Change  Addition  
 NAME: **DEXON, DOUG**  
 STREET ADDRESS: **11315 GEORGETOWN CIRCLE**  
 CITY-ST-ZIP: **TAMPA, FL 33635**

TITLE: **VD**  Delete  
 NAME: **FROST, JACK E.**  
 STREET ADDRESS: **38146 OVERBROOK BLVD**  
 CITY-ST-ZIP: **ZEPHYRHILLS FL 33541**

TITLE: **VD**  Change  Addition  
 NAME: **ARNOLD, EDWARD**  
 STREET ADDRESS: **22638 MARSH WREN DR.**  
 CITY-ST-ZIP: **LAND O LAKES, FL. 34639**

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
 NAME:  Delete  
 STREET ADDRESS:  Delete  
 CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  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: **BEN RHODES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/02 (813) 926-8487**

Date

Daytime Phone #

CR2E037 (9/01)

0078659