

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

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



04042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2913528

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHRODES, LARRY
16203 FANTASIA DR.
TAMPA, FL 33624

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

000000315119
04/19/05-80024-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCMD SHRODES, LARRY 16203 FANTASIA DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TOBIAS, ADAM 4815 E 98TH AVE. TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRIE, BERNIE 5201 SEA FARE PL. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATSON, PARTRICK 2513 HABANA PL. TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Rev Larry Shrodes *Rev Larry Shrodes*

4/4/05

813-961-0910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #