2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719060

FILED Mar 15, 2007 Secretary of State

Entity Name: NORTHSIDE ASSEMBLY OF GOD, INC., OF TAMPA, FLORIDA

Current Principal Place of Business: New Principal Place of Business:

16235 LAKE MAGDALENE BLVD. TAMPA, FL 33613

Current Mailing Address: New Mailing Address:

16235 LAKE MAGDALENE BLVD. TAMPA, FL 33613

FEI Number: 59-2913528 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHRODES, LARRY

16203 FANTASIA DR.

TAMPA, FL 33624 US

SHRODES, LARRY

5036 SPECTACULAR BID DR

WESLEY CHAPEL, FL 33544 US

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: REV. LARRY E. SHRODES 03/15/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCMD () Delete Title: () Change () Addition Name: SHRODES, LARRY Name:

 Name:
 SHRODES, LARRY
 Name:

 Address:
 16203 FANTASIA DR
 Address:

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition Name: TOBIAS, ADAM Name:

 Name:
 TOBIAS, ADAM
 Name:

 Address:
 4815 E 98TH AVE.
 Address:

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition Name: CURRIE, BERNIE D (X) Change () Addition

 Address:
 5201 SEA FARE PL.
 Address:
 25920 COMMENDABLE LOOP

 City-St-Zip:
 TAMPA, FL 33624
 City-St-Zip:
 WESLEY CHAPEL, FL 33544

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 WATSON, PARTRICK
 Name:
 WATSON, PARTRICK

 Address:
 2513 HABANA PL.
 Address:
 9723 YESHUA WAY

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:
 TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY SHRODES PCMD 03/15/2007