



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2008 8:00 am
Secretary of State

09-12-2008 90001 008 ****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 - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		08042008 Chg-NP CR2E037 (12/06)			
Zip		Country		4. FEI Number 59-2913528			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SHRODES, LARRY 5036 SPECTACULAR BID DR WESLEY CHAPEL, FL 33544			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PCMD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SHRODES, LARRY		NAME				
STREET ADDRESS	16203 FANTASIA DR		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33624		CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TOBIAS, ADAM		NAME				
STREET ADDRESS	4815 E 98TH AVE.		STREET ADDRESS				
CITY-ST-ZIP	TAMPA, FL 33617		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	CURRIE, BERNIE		NAME				
STREET ADDRESS	25020 COMMENDABLE LOOP		STREET ADDRESS				
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544		CITY-ST-ZIP				
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	WATSON, PARTRICK		NAME	D Rob Hart			
STREET ADDRESS	9723 YESHUA WAY		STREET ADDRESS	2351 Rothenfeld Ct			
CITY-ST-ZIP	TAMPA, FL 33618		CITY-ST-ZIP	Land O Lakes, FL 341039			
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	William Letaw			
STREET ADDRESS			STREET ADDRESS	16831 Stanza Ct			
CITY-ST-ZIP			CITY-ST-ZIP	Tampa, FL 33624			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		8/4/08		813-961-0910			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			