

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719060

FILED
Mar 30, 2009
Secretary of State

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

Current Principal Place of Business:

16235 LAKE MAGDALENE BLVD.
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

16235 LAKE MAGDALENE BLVD.
TAMPA, FL 33613

New Mailing Address:

FEI Number: 59-2913528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHRODES, LARRY
5036 SPECTACULAR BID DR
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PCMD () Delete
Name: SHRODES, LARRY
Address: 16203 FANTASIA DR
City-St-Zip: TAMPA, FL 33624

Title: ST () Delete
Name: TOBIAS, ADAM
Address: 4815 E 98TH AVE.
City-St-Zip: TAMPA, FL 33617

Title: D () Delete
Name: CURRIE, BERNIE
Address: 25920 COMMENDABLE LOOP
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: D () Delete
Name: HART, ROB
Address: 2351 ROTHENFELD CT
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: LATAW, WILLIAM
Address: 16831 STANZA CT
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date