

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719060

FILED  
Feb 16, 2010  
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  
Name: SHRODES, LARRY  
Address: 16203 FANTASIA DR  
City-St-Zip: TAMPA, FL 33624

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LARRY SHRODES

PCMD

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date