


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90030 044 ****70.00

DOCUMENT # 728026
 1. Entity Name
 NORTHLAND, A CHURCH DISTRIBUTED, INC.



40053444



Principal Place of Business
 530 DOG TRACK ROAD
 LONGWOOD, FL 32750

Mailing Address
 530 DOG TRACK ROAD
 LONGWOOD, FL 32750

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number
 59-1494618

Applied For
 Not Applicable

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

02012008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
 BURKET, DALE
 LOWNDES, DROSDICK, DOSTER, ET. AL
 450 SOUTH ORANGE AVENUE, SUITE 800
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent
 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 _____
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, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, EDWARD 726 FAIRBANKS LANE MAITLAND, FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMANING, OWUSU 1558 REBECCA PLAC E LONGWOOD, FL 32779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WRIGHT, TIMOTHY 1154 N LAKE SYBRLIA DRIVE MAITLAND, FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATAUSKAS, PETER 1401 SOUTH GRANT STREET LONGWOOD, FL 32750 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHILL, PAUL 932 VERSAILLES CIRCLE MAITLAND, FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOLFE, WILLIAM <input checked="" type="checkbox"/> Delete 225 FAIRWAY POINTE CIR ORLANDO, FL 32828

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald Pederson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 418 S. Summerlin Avenue Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frederick Franz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 621355 Dunedin FL 32762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Amaring* 3/21/08 (407) 331-6332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #