


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 21 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755311 (8)**  
 1. Corporation Name  
**NORTHSIDE ASSEMBLY OF GOD OF LAKELAND, INC.**



Principal Place of Business <b>411 WEST ROBSON ST                  LAKELAND FL 33805</b>	Mailing Address <b>411 WEST ROBSON ST                  LAKELAND FL 33805</b>
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3. Date Incorporated or Qualified <b>11/26/1980</b>	
4. FEI Number <b>59-1935842</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. Country	30. Country

**9. Name and Address of Current Registered Agent**

**TANNER, H EDDIE  
 156 CONNIE LEE COURT  
 LAKELAND FL 33809**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>TANNER, EDDIE</b>
STREET ADDRESS	<b>156 CONNIE LEE COURT</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>AVERY, JOYCE</b>
STREET ADDRESS	<b>904 LONGFELLOW BLVD. #1</b>
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>LAWRENCE, DORIS</b>
STREET ADDRESS	<b>1721 FREDERICKSBURG</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HEISS, PHIL</b>
STREET ADDRESS	<b>734 TROPICAL WAY</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Sandra B. Mortham **SIGNATURE REQUIRED** 1/4/98 (941) 686-1977  
 Date Daytime Phone # 0054799

CR2E037 (10/97)