**2005 NOT-FOR-PROFIT CORPORATION**ANNUAL REPORT (AR)

## Feb 02, 2005 08:00 AM Secretary of State DOCUMENT # 755311 1. Entity Name NORTHSIDE ASSEMBLY OF GOD OF LAKELAND, INC. Principal Place of Business Mailing Address 411 WEST ROBSON ST LAKELAND FL 33805 411 WEST ROBSON ST LAKELAND FL 33805 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-1935842 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANNER, H EDDIE Street Address (P.O. Box Number is Not Acceptable) 7029 O'DONNEL LOOP W. LAKELAND FL 33809 City 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete HIEF Change ☐ Addition TANNER, EDDIE MAME 7029 O'DONNEL LOOP W. STREET ADDRESS STREET ADDRESS LAKELAND FL 33809 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 1/7/ F ☐ Change U00000211827 ☐ Addition LAWRENCE, DORIS NAME NAME 02/03/05-80002-001 61.25 1510 W. ARIANA #460 STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CITY-ST-ZIP CUIY-SI-ZIP D THLE ☐ Delete ☐ Addition Change HEISS, PHIL NAME NAME 2925 DERRBROOK DR W. STREET ADDRESS STREET ADDRESS LAKELAND FL 33811 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITEE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CILY-SI-ZIP Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY - ST - ZIP MILE Delete TITLE Change 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 exemption stated in Section 119.07(3)(i), 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.

OFFICER OR DIRECTOR

SIGNATURE:

FILED

-31-05 (863) 686-1977