

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90071 041 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                                                        |                                                                                                                                                                                                                                                                        |                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 755311</b><br>1. Entity Name<br><b>NORTHSIDE ASSEMBLY OF GOD OF LAKE LAND, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                                                                                        |                                                                                                                                                                                                                                                                        |                                                                                                                                                                |  |
| Principal Place of Business<br><b>411 WEST ROBSON ST<br/>LAKE LAND FL 33805</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            | Mailing Address<br><b>411 WEST ROBSON ST<br/>LAKE LAND FL 33805</b>                                                    |                                                                                                                                                                                                                                                                        |                                                                                                                                                                |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                            | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                              |                                                                                                                                                                                                                                                                        |                                                                                                                                                                |  |
| City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            | City & State<br>Zip Country                                                                                            |                                                                                                                                                                                                                                                                        | 4. FEI Number<br><b>59-1935842</b><br>Applied For<br><input type="checkbox"/> Not Applicable                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                            |                                                                                                                        |                                                                                                                                                                                                                                                                        | 1st MOORE CR2E037 (10/06)                                                                                                                                      |  |
| 6. Name and Address of Current Registered Agent<br><div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <b>R.D. Pennington<br/>3552 Rossalea Ln.<br/>Lakeland, FL 33803</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br><b>Rev. R.D. Pennington</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3552 Rossalea Ln.<br/>Lakeland, Florida 33803</b><br>City<br><b>Lakeland, Florida 33803 FL</b> Zip Code<br><b>33803</b> |                                                                                                                                                                |  |
| 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  DATE _____<br><small>Signature, typed or printed name of registered agent and his (if applicable) (NOTE: Registered Agent signature required when re-designating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            |                                                                                                                        |                                                                                                                                                                                                                                                                        |                                                                                                                                                                |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                                                        | <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                                                  |                                                                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD <input type="checkbox"/> Delete<br><b>R.D. Pennington<br/>3552 Rossalea Ln.<br/>Lakeland, FL 33803</b>  |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Rev. R.D. Pennington<br/>3552 Rossalea Lane<br/>Lakeland, Florida 33803</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S <input type="checkbox"/> Delete<br><b>LAWRENCE, DORIS<br/>1510 W. ARIANA #460<br/>LAKE LAND FL 33803</b> |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D <input type="checkbox"/> Delete<br><b>Bill Bauman<br/>4031 Carlisle Rd<br/>Lakeland, FL 33803</b>        |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>William Bauman<br/>4031 Carlisle Rd -<br/>LAKE LAND, FLORIDA 33803</b>      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                            |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                            |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                            |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small><br><b>DORIS LAWRENCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                            |                                                                                                                        | 2-26-07 863-686-1977<br><small>Date Daytime Phone #</small>                                                                                                                                                                                                            |                                                                                                                                                                |  |