


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # 755311 1. Entity Name NORTHSIDE ASSEMBLY OF GOD OF LAKELAND, INC.	
--	---

Principal Place of Business 411 WEST ROBSON ST LAKELAND FL 33805	Mailing Address 411 WEST ROBSON ST LAKELAND FL 33805
--	--



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E037 (10/07)

City & State Zip Country	City & State Zip Country	4. FEI Number 59-1935842	Applied For Not Applicable
--------------------------------------	--------------------------------------	------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent PENNINGTON, R.D. 3552 ROSSALEAR LN. LAKELAND FL 33803	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 _____ DATE _____

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD PENNINGTON, R.D.	<input type="checkbox"/>
NAME	3552 ROSSALEAR LN. LAKELAND FL 33803	
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/>
NAME	LAWRENCE, DORIS	
STREET ADDRESS	1510 W. ARIANA #460 LAKELAND FL 33803	
CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/>
NAME	BAUMAN, BILL	
STREET ADDRESS	4031 CARLISLE RD. LAKELAND FL 33803	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	000000888823		
NAME	04/22/08-80033-017 61.25		
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

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: 