


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90055 032 \*\*\*\*61.25

<b>DOCUMENT # N01000001184</b>					
1. Entity Name NORTHVIEW ASSEMBLY OF GOD, INC.					
Principal Place of Business 7579 HWY 27 N HAVANA, FL 32333			Mailing Address PO BOX 616 HAVANA, FL 32333		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	01062008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent				4. FEI Number	
KELLEY, ERIS 1558 SCHWALLS RD HAVANA, FL 32333				APPLIED FOR 74-3247753	
				Applied For	
				Not Applicable	
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BALEY, ERNEST		NAME	No pastor at this time	
STREET ADDRESS	P.O. BOX 76		STREET ADDRESS	etc	
CITY-ST-ZIP	MARIANNA, FL 32447		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, FRAN		NAME	ST Westberry, Vonnie	
STREET ADDRESS	1474 PINE HILL RD		STREET ADDRESS	2876 Lower Hawthorn Rd	
CITY-ST-ZIP	CAIRO, GA 31728		CITY-ST-ZIP	CAIRO, GA 31728	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WESTBERRY, VONNIE		NAME	AST Deborah Allen	
STREET ADDRESS	2876 LOWER HAWTHORN RD		STREET ADDRESS	101 James Jackson Rd	
CITY-ST-ZIP	CAIRO, GA 39828		CITY-ST-ZIP	Havana FL 32333	
TITLE	AB	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEN, BUCK		NAME		
STREET ADDRESS	6452 HAVANA HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	HAVANA, FL 32333		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Deborah C. Allen</u>		Deborah C. Allen		1-17-08 229-246-3344	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	