

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001188

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: NORTHSIDE ASSEMBLY OF GOD, BONIFAY, FL, INC.

**Current Principal Place of Business:**

1009 N. RANGELINE STREET  
BONIFAY, FL 32425

**New Principal Place of Business:**

**Current Mailing Address:**

1009 N. RANGELINE STREET  
BONIFAY, FL 32425

**New Mailing Address:**

FEI Number: 59-3757547

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BELL, EDWIN G  
1897 HWY. 173  
BONIFAY, FL 32425 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D/P ( ) Delete  
Name: BELL, EDWIN G  
Address: 1897 HWY. 173  
City-St-Zip: BONIFAY, FL 32425

Title: D/TR ( ) Delete  
Name: BOYD, JOHN  
Address: 1690 MALCOLM TAYLOR RD.  
City-St-Zip: BONIFAY, FL 32425

Title: D ( ) Delete  
Name: KELLY, RICHARD  
Address: 1527 HWY. 173  
City-St-Zip: GRACEVILLE, FL 32440

Title: D ( ) Delete  
Name: KOLMETZ, NICK  
Address: 1895 HWY. 173  
City-St-Zip: BONIFAY, FL 32425

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: WILLIAMS, H. RUSSELL  
Address: 1542 SMITH LANE  
City-St-Zip: BONIFAY, FL 32425

Title: D ( ) Change (X) Addition  
Name: MILLER, DAVID  
Address: 1126 CHANCE ROAD  
City-St-Zip: CHIPLEY, FL 32428

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BOYD

D/TR

04/30/2007

Electronic Signature of Signing Officer or Director

Date