

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001188

FILED
May 01, 2008
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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D/TR (X) Change () Addition
Name: HAUSNER, ROBERT
Address: 1237 PARRISH RD
City-St-Zip: BONIFAY, FL 32425

Title: D (X) Change () Addition
Name: ATKINS, DWAYNE
Address: 310 EAST WISCONSIN AVENUE
City-St-Zip: BONIFAY, FL 32425

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

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

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

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: EDWIN G. BELL

D/P

05/01/2008

Electronic Signature of Signing Officer or Director

Date