

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001188

**FILED**  
**Feb 07, 2012**  
**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  
Name: BELL, EDWIN G  
Address: 1897 HWY. 173  
City-St-Zip: BONIFAY, FL 32425

Title: D  
Name: WATKINS, KEN  
Address: 3097 SOUTHRIDE LANE  
City-St-Zip: BONIFAY, FL 32425

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

Title: D  
Name: WILLIAMS, RUSTY  
Address: 1524 SMITH LANE  
City-St-Zip: BONIFAY, FL 32425

Title: D  
Name: BOYD, JOHN  
Address: 1690 MALCOLM TAYLOR RD  
City-St-Zip: BONIFAY, FL 32425

Title: D/S  
Name: KOLMETZ, NICK  
Address: 1895 HWY 173  
City-St-Zip: BONIFAY, FL 32425

I hereby 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 all other like empowered.

SIGNATURE: EDWIN BELL

D/P

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date