

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N30018 (8)**
1. Corporation Name
NORTHSIDE ASSEMBLY OF GOD OF WINTER HAVEN, INC.



Principal Place of Business Mailing Address
**860 1ST ST (LAKE IDA)
P.O. BOX 1936
WINTER HAVEN FL 33883-1936
US**

3. Date Incorporated or Qualified **12/30/1988** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 29 Zip 30 Country

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BERNARD, DODGE
860 FIRST STREET
LAKE IDA
WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent

81 Name **Rev. BERTHA LYNN**
82 Street Address (P.O. Box Number is Not Acceptable) **550 NORTH EAGLE DRIVE**
83
84 City **EAGLE LAKE** FL 85 Zip Code **33839**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Betty O'Neal SIT** (NOTE: Registered Agent signature required when reinstating) **Betty O'Neal** DATE **4-26-96**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BERNARD DODGE	
STREET ADDRESS	860 1ST ST. LAKE IDA	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, CHESTER	
STREET ADDRESS	538 RIDGE ACRES DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JOHN	
STREET ADDRESS	1017 CAREFREE COVE DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BERNARD, DODGE	
STREET ADDRESS	860 1ST LAKE IDA	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P PASTOR, PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BERTHA LYNN	
1.3 STREET ADDRESS	P.O. Box 462 - 550 N. EAGLE DRIVE	
1.4 CITY-ST-ZIP	EAGLE LAKE, FL 33839	
2.1 TITLE	SIT SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BETTY O'NEAL	
2.3 STREET ADDRESS	214 E. ROBINSON ST.	
2.4 CITY-ST-ZIP	Auburndale, FL 33823	
3.1 TITLE	UP BOARD MEMBER, VICE PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHESTER SMITH	
3.3 STREET ADDRESS	538 RIDGE ACRES DR.	
3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880	
4.1 TITLE	T BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EDDIE DYESS	
4.3 STREET ADDRESS	100 ALMA AVE	
4.4 CITY-ST-ZIP	HAINES CITY, FL 33844	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Betty O'Neal** Date **4-26-96** Daytime Phone # **941/967-3597**

CR2E037 (12/95)