

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 28 Zip
24 Country 29 Country
25 Country 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

10. Name and Address of New Registered Agent

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

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 8/17
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 4-26-96

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME TD
STREET ADDRESS BERNARD DODGE
CITY-ST-ZIP 860 1ST ST. LAKE IDA
WINTER HAVEN FL
TITLE ☐ DELETE
NAME SD
STREET ADDRESS SMITH, CHESTER
CITY-ST-ZIP 538 RIDGE ACRES DR.
WINTER HAVEN FL 33880
TITLE ☒ DELETE
NAME PD
STREET ADDRESS WILLIAMS, JOHN
CITY-ST-ZIP 1017 CAREFREE COVE DR.
WINTER HAVEN FL 33880
TITLE ☒ DELETE
NAME TD
STREET ADDRESS BERNARD, DODGE
CITY-ST-ZIP 860 1ST LAKE IDA
WINTER HAVEN FL 33880
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P PASTOR, PRESIDENT ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ Change ☐ 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 ☐ Change ☒ 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 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-26-96
Daytime Phone # 941/967-3597

CR2E037 (12/95)