

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90214 014 \*\*\*\*61.25

**DOCUMENT # N30018**

1. Corporation Name

**NORTHSIDE ASSEMBLY OF GOD OF WINTER HAVEN, INC.**

Principal Place of Business

860 1ST ST (LAKE IDA)  
P.O. BOX 1936  
WINTER HAVEN FL 33883-1936  
US

Mailing Address

860 1ST ST (LAKE IDA)  
P.O. BOX 1936  
WINTER HAVEN FL 33833-1936  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**12/30/1988**

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

9. Name and Address of Current Registered Agent

LYNN, REV BERTHA  
550 NORTH EAGLE DRIVE  
EAGLE LAKE FL 33839

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME LYNN, BERTHA  
STREET ADDRESS PO BOX 462 550 N EAGLE DRIVE  
CITY-ST-ZIP EAGLE LAKE, FL

TITLE ☒ DELETE  
NAME SMITH, CHESTER  
STREET ADDRESS PO BOX 1408  
CITY-ST-ZIP EAGLE LAKE FL

TITLE ☐ DELETE  
NAME O'NEAL, BETTY  
STREET ADDRESS 214 EAST ROBINSON ST  
CITY-ST-ZIP AUBURNDAL FL 33823

TITLE ☐ DELETE  
NAME STONE, PATRICIA  
STREET ADDRESS 176 NORTH RIVERDALE RD  
CITY-ST-ZIP AVON PARK FL 33826

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**TV**  
**Patrick O'Neal**  
**134 Highlands Ave.**  
**Auburndale, FL 33823**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

*Patricia Stone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/99**  
Date

**(941) 385-7035**  
Daytime Phone #

CR2E037 (11/98)