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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/30/1988	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	NOT APPLICABLE	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25	Country	30	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LYNN, REV BERTHA 550 NORTH EAGLE DRIVE EAGLE LAKE FL 33839				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, BERTHA	1.2 NAME	
STREET ADDRESS	PO BOX 462 550 N EAGLE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	EAGLE LAKE, FL	1.4 CITY-ST-ZIP	
TITLE	TV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHESTER	2.2 NAME	Patrick O'Neal
STREET ADDRESS	PO BOX 1408	2.3 STREET ADDRESS	134 Highlands Ave.
CITY-ST-ZIP	EAGLE LAKE FL	2.4 CITY-ST-ZIP	Auburndale, FL 33823
TITLE	TR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEAL, BETTY	3.2 NAME	
STREET ADDRESS	214 EAST ROBINSON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, PATRICIA	4.2 NAME	
STREET ADDRESS	176 NORTH RIVERDALE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVON PARK FL 33826	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 Patricia Stone 4/4/99 (941) 385-7035
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)