

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State

0067769

DOCUMENT # N30018

1. Entity Name

NORTHSIDE ASSEMBLY OF GOD OF WINTER HAVEN, INC.

04-14-2001 90022 044 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Rev. Ronald Stone

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

176 N. Riverdale Rd.

City

Avon Park,

FL

Zip Code
33825

8. 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

Ronald W. Stone

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

(NOTE: Registered Agent signature required when reinstating)

3-31-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LYNN, BERTHA	
STREET ADDRESS	PO BOX 462 550 N EAGLE DRIVE	
CITY-ST-ZIP	EAGLE LAKE FL	
TITLE	TV	<input type="checkbox"/> Delete
NAME	O'NEAL, PATRICK	
STREET ADDRESS	134 HIGHLANDS AVE	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	TR	<input type="checkbox"/> Delete
NAME	O'NEAL, BETTY	
STREET ADDRESS	214 EAST ROBINSON ST	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	T	<input type="checkbox"/> Delete
NAME	STONE, PATRICIA	
STREET ADDRESS	176 NORTH RIVERDALE RD	
CITY-ST-ZIP	AVON PARK FL 33826	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rev. Ronald Stone	
STREET ADDRESS	176 N. Riverdale Rd	
CITY-ST-ZIP	Avon Park, FL 33825	
TITLE	TV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chester Smith	
STREET ADDRESS	865 S. Lake Shore Way	
CITY-ST-ZIP	Lake Alfred, FL 33850	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pamela Lynn	
STREET ADDRESS	307 Woodham Ave.	
CITY-ST-ZIP	Frostproof, FL 33843	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ronald W. Stone*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-01 863-287-7891
 Date Daytime Phone #

CR2E037 (10/00)