

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90128 042 \*\*\*61.25

**DOCUMENT # N30018**

1. Entity 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**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**STONE, RONALD REV  
 176 N. RIVERDALE RD.  
 AVON PARK FL 33825**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>P</b> <b>STONE, RONALD REV</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>176 N. RIVERDALE RD</b>	
CITY-ST-ZIP	<b>AVON PARK FL 33825</b>	
TITLE NAME	<b>TV</b> <b>SMITH, CHESTER</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>865 S. LAKE SHORE WAY</b>	
CITY-ST-ZIP	<b>LAKE ALFRED FL 33850</b>	
TITLE NAME	<b>TR</b> <b>O'NEAL, BETTY</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>214 EAST ROBINSON ST</b>	
CITY-ST-ZIP	<b>AUBURNDALE FL 33823</b>	
TITLE NAME	<b>T</b> <b>LYNN, PAMELA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>307 WOODHAM AVE.</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **RONALD W. STONE** L-30-02 863/287-7891  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davime Phone #

3131

CR2E037 (9/01)