


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90055 028 ****61.25

DOCUMENT # N30018					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STONE, RONALD REV 860 1ST. STREET LK. IDA WINTER HAVEN, FL 33883			Name Lynn, Rev. Bertha		
			Street Address (P.O. Box Number is Not Acceptable)		
			550 N. Eagle Drive		
			City Eagle Lake		FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____			DATE <u>02/03/05</u>		
Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, RONALD REV		NAME	Lynn, Bertha, Rev.	
STREET ADDRESS	860 1ST STREET LK. IDA		STREET ADDRESS	550 North Eagle Drive	
CITY-ST-ZIP	WINTER HAVEN, FL 338831936		CITY-ST-ZIP	Eagle Lake, FL 33839	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, JOEL		NAME		
STREET ADDRESS	307 WOODHAM AVE.		STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF, FL 33843		CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, PATRICIA		NAME	O'Neal, Betty	
STREET ADDRESS	860 1ST ST., LK IDA		STREET ADDRESS	214 Robinson Street	
CITY-ST-ZIP	WINTER HAVEN, FL 338831936		CITY-ST-ZIP	Auburndale, FL 33823-3509	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, PAMELA		NAME		
STREET ADDRESS	307 WOODHAM AVE.		STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF, FL 33843		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Rev. BERTHA LYNN</u>			Date <u>02/03/05</u> Daytime Phone # <u>863/299-4795</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					