


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90416 046 ****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		01272006 Chg-NP CR2E037 (11/05) Applied For Not Applicable Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	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	
LYNN, REV. BERTHA 550 N. EAGLE DRIVE EAGLE LAKE, FL 33839				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Bertha Lynn</i>		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYNN, REV BERTHA		NAME		
STREET ADDRESS	550 NORTH EAGLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	EAGLE LAKE, FL 33839		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNN, JOEL		NAME	Henderson Ronnie	
STREET ADDRESS	307 WOODHAM AVE.		STREET ADDRESS	29-A Lake Arrowhead Dr.	
CITY-ST-ZIP	FROSTPROOF, FL 33843		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'NEAL, BETTY		NAME	Henderson Pamela	
STREET ADDRESS	214 ROBINSON STREET		STREET ADDRESS	29-A LAKE Arrowhead Dr.	
CITY-ST-ZIP	AUBURNDALE, FL 338233509		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYNN, PAMELA		NAME	Mobley, Jack	
STREET ADDRESS	307 WOODHAM AVE.		STREET ADDRESS	219 Bomar Rd	
CITY-ST-ZIP	FROSTPROOF, FL 33843		CITY-ST-ZIP	Winter Haven, FL 33880	
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 exemptions contained in Chapter 119, 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 empowerers.					
SIGNATURE: <i>Bertha Lynn</i>		Date: 4-4-06		Daytime Phone #: 863.412.3112	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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