2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State
03-12-2007 90090 030 ****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

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: NO-T 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
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 Rev. Bertha Lynn 2-28-07
Signature, type or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 NAME STREET ADDRESS CITY ST-ZIP	P LYNN, REV BERTHA 550 NORTH EAGLE DRIVE EAGLE LAKE FL 33839 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Pastor Lynn Rev Bertha 550 North Eagle Drive Eagle Lake Fl 33839 ☐ Change ☐ Addition SAME
TITLE NAME STREET ADDRESS CITY ST-ZIP	D HENDERSON, RONNIE 29-A LAKE ARROWHEAD DR WINTER HAVEN FL 33880 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Assoc. Pastor Henderson, Ronnie 29-A Lake Arrowhead Dr. Winter Haven, FL 33880 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	ST HENDERSON, PAMELA 29-A LAKE ARROWHEAD DR WINTER HAVEN FL 33880 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	Sec & Treas. Henderson, Pamela 29-A Lake Arrowhead Dr. Winter Haven, FL 33880 ☐ Change ☐ Addition SAME
TITLE NAME STREET ADDRESS CITY ST-ZIP	D MOBLEY, JACK 219 BOMER RD WINTER HAVEN FL 33880 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Deacon Mobley, Jack 219 St. Rd 559 Winter Haven FL 33880 ☐ Change ☐ Addition SAME
TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Deacon Jamie Davis 2624 Foxhollow Dr. Auburndale Fl 33823 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	Deacon David Floyd P.O Box 5328 Eagle Lake, Fl. 33839 ☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered.

SIGNATURE: 2-28-07 4/12-3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #