


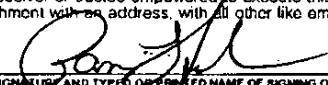


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

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.				3.	
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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		 1st MOORE CR2E037 (10/06)	
4. FEI Number NO-T APPLICABLE		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LYNN, REV. BERTHA 550 N. EAGLE DRIVE EAGLE LAKE FL 33839			7. Name and Address of New Registered Agent 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: 		(NOTE: Registered Agent signature required when reinstating)		DATE: 2/28/07	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY ST ZIP	P LYNN, REV BERTHA 550 NORTH EAGLE DRIVE EAGLE LAKE FL 33839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Pastor Lynn Rev Bertha 550 North Eagle Drive Eagle Lake FL 33839	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY ST ZIP	D HENDERSON, RONNIE 29-A LAKE ARROWHEAD DR WINTER HAVEN FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Assoc. Pastor Henderson, Ronnie 29-A Lake Arrowhead Dr. Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	ST HENDERSON, PAMELA 29-A LAKE ARROWHEAD DR WINTER HAVEN FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Sec & Treas. Henderson, Pamela 29-A Lake Arrowhead Dr. Winter Haven, FL 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY ST ZIP	D MOBLEY, JACK 219 BOMER RD WINTER HAVEN FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Deacon Moblely Jack 219 St. Rd 559 Winter Haven FL 33880	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAME
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Deacon Jamie Davis 2624 Foxhollow Dr. Auburndale FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	Deacon David Floyd PO Box 5328 Eagle Lake, FL 33839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: 		(NOTE: Registered Agent signature required when reinstating)		DATE: 2/28/07 4/12/31/12	