

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90042 016 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE CR2E037 (10/07)

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

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

(NOTE: Registered Agent signature must be filed with this statement)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LYNN, REV BERTHA	
STREET ADDRESS	550 NORTH EAGLE DRIVE	
CITY-ST-ZIP	EAGLE LAKE FL 33839	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HENDERSON, RONNIE	
STREET ADDRESS	29-A LAKE ARROWHEAD DR	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HENDERSON, PAMELA	
STREET ADDRESS	29-A LAKE ARROWHEAD DR	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOBLEY, JACK	
STREET ADDRESS	219 BOMER RD	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, JAMIE	
STREET ADDRESS	2024 FOXHOLLOW DR	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOYD, DAVID	
STREET ADDRESS	PO BOX 5328	
CITY-ST-ZIP	EAGLE LAKE FL 33828	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Pam Henderson* Pam Henderson

3-16-08 863-412-3112