

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30018

FILED
Mar 21, 2009
Secretary of State

Entity Name: NORTHSIDE ASSEMBLY OF GOD OF WINTER HAVEN, INC.

Current Principal Place of Business:

860 1ST ST (LAKE IDA)
P.O. BOX 1936
WINTER HAVEN, FL 338831936 US

New Principal Place of Business:

860 1ST ST (LAKE IDA)
WINTER HAVEN, FL 33881 PK

Current Mailing Address:

860 1ST ST (LAKE IDA)
P.O. BOX 1936
WINTER HAVEN, FL 338331936 US

New Mailing Address:

FEI Number: 59-3722335 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LYNN, REV. BERTHA
550 N. EAGLE DRIVE
EAGLE LAKE, FL 33839 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LYNN, REV BERTHA
Address: 550 NORTH EAGLE DRIVE
City-St-Zip: EAGLE LAKE, FL 33839

Title: AS (X) Delete
Name: HENDERSON, RONNIE
Address: 29-A LAKE ARROWHEAD DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: ST () Delete
Name: HENDERSON, PAMELA
Address: 29-A LAKE ARROWHEAD DR
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: MOBLEY, JACK
Address: 219 BOMER RD
City-St-Zip: WINTER HAVEN, FL 33880

Title: D () Delete
Name: DAVIS, JAMIE
Address: 2024 FOXHOLLOW DR
City-St-Zip: AUBURNDAL, FL 33823

Title: D () Delete
Name: FLOYD, DAVID
Address: PO BOX 5328
City-St-Zip: EAGLE LAKE, FL 33828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: CATRETT, COLIN
Address: P.O. BOX 715
City-St-Zip: EAGLE LAKE, FL 33839

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN CATRETT

ST

03/21/2009

Electronic Signature of Signing Officer or Director

Date