

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91006 023 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STONE, RONALD REV

~~176 N. RIVERDALE RD~~ **860 1st. St. Lk. Ida**
~~AVON PARK FL 33825~~ **Winter Haven, FL 33883**

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 **Ronald W. Stone**

01/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 ☐ Delete
NAME **P STONE, RONALD REV**
STREET ADDRESS **176 N. RIVERDALE RD**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE ☒ Change ☐ Addition
NAME **STONE, RONALD REV**
STREET ADDRESS **860 1ST. ST. LK. IDA**
CITY-ST-ZIP **WINTER HAVEN, FL 33883-1936**

TITLE ☒ Delete
NAME **TV SMITH, CHESTER**
STREET ADDRESS **865 S. LAKE SHORE WAY**
CITY-ST-ZIP **LAKE ALFRED FL 33850**

TITLE ☐ Change ☒ Addition
NAME **JANE EMCH**
STREET ADDRESS **10110 STEVEN DRIVE**
CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE ☐ Delete
NAME **TR O'NEAL, BETTY**
STREET ADDRESS **214 EAST ROBINSON ST**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T LYNN, PAMELA**
STREET ADDRESS **307 WOODHAM AVE.**
CITY-ST-ZIP **FROSTPROOF FL 33843**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

Ronald W. Stone 1-28-03

CR2E037 (10/02)