## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002557

FILED Mar 14, 2006 Secretary of State

Entity Name: WAYSIDE ASSEMBLY OF GOD, INC. JACKSONVILLE, FL.

Current Principal Place of Business: New Principal Place of Business:

10440 NEW KINGS RD. JACKSONVILLE, FL 32219

Current Mailing Address: New Mailing Address:

10440 NEW KINGS RD. JACKSONVILLE, FL 32219

FEI Number: 59-2235859 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOWERS, WALTER R MASK, WADE C 10440 NEW KINGS RD. 10440 NEW KINGS RD.

JACKSONVILLE, FL 32219 US JACKSONVILLE, FL 32219 US

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: WADE C. MASK 03/14/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: PRES (X) Change ( ) Addition Name: BOWERS, WALTER R Name: MASK, WADE C

 Address:
 6320 BOB-O-LINK RD
 Address:
 9157 MONROE AVE.

 City-St-Zip:
 JACKSONVILLE, FL
 City-St-Zip:
 JACKSONVILLE, FL 32208

Title: V ( ) Delete Title: TRES (X) Change ( ) Addition Name: MASK, WADE C Name: MASK, SHARON D

Address: 9157 MONROE AVE Address: 9157 MONROE AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: S ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 AVIS, MARK
 Name:
 AVIS, MARK

 Address:
 1706 LATOUR PL
 1706 LATOUR PL

 City-St-Zip:
 JACKSONVILLE, FL 32221
 City-St-Zip:
 JACKSONVILLE, FL 32221

Title: D ( ) Delete Title: DEAC (X) Change ( ) Addition

 Name:
 MARTIN, RAY

 Address:
 6535 BRANDEMERE RD. N

 Address:
 6535 BRANDEMERE RD. N

City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: JACKSONVILLE, FL 32211

 Title:
 D
 ( ) Delete
 Title:
 DEAC
 (X) Change ( ) Addition

 Name:
 AVIS, HARRY C
 Name:
 AVIS, HARRY C

 Address:
 3543 TURTON AVE
 Address:
 3543 TURTON AVE

City-St-Zip: JACKSONVILLE, FL City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete Title: DEAC (X) Change ( ) Addition Name: MASK, SAMUEL R Name: MASK, SAMUEL R

 Address:
 5212 YERKES ST.
 Address:
 5212 YERKES ST.

 City-St-Zip:
 JACKSONVILLE, FL
 23205

I hereby certify that the information supplied with this filing does not qualify for the 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: WADE C. MASK PRES 03/14/2006

Electronic Signature of Signing Officer or Director

Date