

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002557

FILED
Jun 18, 2012
Secretary of State

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

Current Principal Place of Business:

10440 NEW KINGS RD.
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

10440 NEW KINGS RD.
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-2235859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASK, WADE C PASTOR
10440 NEW KINGS RD.
JACKSONVILLE, FL 32219 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: PRES
Name: MASK, WADE C
Address: 9157 MONROE AVE.
City-St-Zip: JACKSONVILLE, FL 32208

Title: TRES
Name: MASK, SHARON D
Address: 9157 MONROE AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: DEAC
Name: MARTIN, RAY
Address: 6535 BRANDEMERE RD. N
City-St-Zip: JACKSONVILLE, FL 32211

Title: DEAC
Name: AVIS, HARRY C
Address: 1056 CARTER ROAD
City-St-Zip: LAWTEY, FL 32058

Title: DEAC
Name: MASK, SAMUEL R
Address: 5212 YERKES ST.
City-St-Zip: JACKSONVILLE, FL 32205

I hereby 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 all other like empowered.

SIGNATURE: WADE C. MASK

PRES

06/18/2012

Electronic Signature of Signing Officer or Director

Date