

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.(AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90192 031 ****70.00

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1. Entity Name

NORTHSIDE AGAPE' MINISTRIES CHURCH OF GOD, INC.



Principal Place of Business

**3790 45TH ST
 VERO BEACH FL 32967**

Mailing Address

**3790 45TH ST
 VERO BEACH FL 32967**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3449353

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURSON, HENRY JR.
 4545 38TH AVE
 VERO BEACH FL 32967**

7. Name and Address of New Registered Agent

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 required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

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 **DP** Delete
 NAME **BURSON, HENRY JR.**
 STREET ADDRESS **4545 38TH AVE**
 CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **DV** Delete
 NAME **MALONE, JAMES**
 STREET ADDRESS **788 19TH PLACE SOUTHWEST**
 CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **D** Delete
 NAME **BRYANT, PAUL**
 STREET ADDRESS **4656 48TH AVENUE**
 CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **DT** Delete
 NAME **CARTER, LEROY**
 STREET ADDRESS **6060 45TH STREET**
 CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **D** Delete
 NAME **BOYD, ARTHUR II**
 STREET ADDRESS **1215 11TH AVENUE**
 CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE **D** Delete
 NAME **BROWN, KENNETH**
 STREET ADDRESS **1166 BARBER STREET**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE _____ Change Addition
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 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 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 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 an other like empowered.

SIGNATURE: _____