


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000003564 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3449353		Applied For
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BURSON, HENRY JR. 4545 38TH AVE VERO BEACH FL 32967		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURSON, HENRY JR. 4545 38TH AVE VERO BEACH FL 32967	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MALONE, JAMES 788 19TH PLACE SOUTHWEST VERO BEACH FL 32962	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, PAUL 4656 48TH AVENUE VERO BEACH FL 32967	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, ARTHUR II 1215 11TH AVENUE VERO BEACH FL 32962	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, KENNETH 1166 BARBER STREET SEBASTIAN FL 32958	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000645251 03/02/07-80076-016 61.25	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

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 all other like empowered.

SIGNATURE: _____ *[Signature]* **2-20-07 725625690**