

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001188

**Entity Name:** NORTHSIDE ASSEMBLY OF GOD, BONIFAY, FL, INC.

**Current Principal Place of Business:**

1009 N. RANGELINE STREET  
BONIFAY, FL 32425

**Current Mailing Address:**

1009 N. RANGELINE STREET  
BONIFAY, FL 32425

**FEI Number:** 59-3757547

**Certificate of Status Desired:** No

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

GLASS, CHUCK D  
1009 N. RANGELINE STREET  
BONIFAY, FL 32425 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:** CHUCK GLASS

01/08/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D/P  
Name GLASS, CHUCK D  
Address 1895 HWY. 173  
City-State-Zip: BONIFAY FL 32425

Title D  
Name SAPP, KYLE  
Address 1009 N. RANGELINE STREET  
City-State-Zip: BONIFAY FL 32425

Title D  
Name KELLEY, RICHARD  
Address 1527 HWY 173  
City-State-Zip: GRACEVILLE FL 32440

Title D/S  
Name MARSHALL, DERRICK  
Address 1532 HWY 177  
City-State-Zip: BONIFIAY FL 32425

Title SECRETARY  
Name SAPP, TIFFANIE  
Address 4001 CEDAR LN.  
City-State-Zip: CARYVILLE FL 32427

*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:** TIFFANIE SAPP

SECRETARY

01/08/2019

Electronic Signature of Signing Officer/Director Detail

Date