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.	

SECRETARY

#### SIGNATURE: LISA DAVIS

I

# Entity Name: NORTHSIDE ASSEMBLY OF GOD OF WINTER HAVEN, INC.

## **Current Principal Place of Business:**

860 1ST ST (LAKE IDA) WINTER HAVEN, FL 33881

## **Current Mailing Address:**

860 1ST ST (LAKE IDA) P.O. BOX 1936 WINTER HAVEN, FL 33883 US

# FEI Number: 59-3722335

# Name and Address of Current Registered Agent:

HENDERSON, CHARLES R 29-A LAKE ARROWHEAD RD WINTER HAVES, FL 33880 US Certificate of Status Desired: Yes

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.

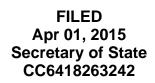
#### SIGNATURE:

Electronic Signature of Registered Agent

## **Officer/Director Detail :**

Onicendirec	tor Detail.		
Title	Ρ	Title	ST
Name	HENDERSON, CHARLES R	Name	DAVIS, LISA
Address	29-A LAKE ARROWHEAD DR	Address	2024 FOXHOLLOW DRIVE
City-State-Zip:	WINTER HAVEN FL 33880	City-State-Zip:	AUBURNDALE FL 33823
Title	D	Title	D
Name	CATRETT, COLIN	Name	DAVIS, JAMES
Address	PO BOX 715	Address	2024 FOXHOLLOW DR
City-State-Zip:	EAGLE LAKE FL 33839	City-State-Zip:	AUBURNDALE FL 33823
Title	D		
Name	RUSTICUS, JASON		
Address	406 N. 22ND ST		
City-State-Zip:	HAINES CITY FL 33844		

Electronic Signature of Signing Officer/Director Detail



04/01/2015 Date

Date