| 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.

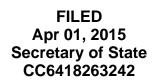
#### SIGNATURE:

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