


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90032 024 ****61.25

DOCUMENT # N30018	
1. Entity Name NORTHSIDE ASSEMBLY OF GOD OF WINTER HAVEN, INC.	

Principal Place of Business 860 1ST ST (LAKE IDA) P.O. BOX 1936 WINTER HAVEN, FL 33883-1936 US	Mailing Address 860 1ST ST (LAKE IDA) P.O. BOX 1936 WINTER HAVEN, FL 33833-1936 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01162004 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STONE, RONALD REV 860 1ST. STREET LK. IDA WINTER HAVEN, FL 33883		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 _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, RONALD REV	NAME	
STREET ADDRESS	860 1ST STREET LK. IDA	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 338831936	CITY-ST-ZIP	
TITLE	TV <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMCH, JANE	NAME	Joel Lynn
STREET ADDRESS	10110 STEVEN DRIVE	STREET ADDRESS	307 Woodham Ave.
CITY-ST-ZIP	POLK CITY, FL 33868	CITY-ST-ZIP	Frostproof, FL 33843
TITLE	TR <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEAL, BETTY	NAME	S/T Patricia Stone
STREET ADDRESS	214 EAST ROBINSON ST	STREET ADDRESS	860 1st Street Lk. IDA
CITY-ST-ZIP	AUBURNDAL, FL 33823	CITY-ST-ZIP	Winter Haven, FL 33883-1936
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, PAMELA	NAME	
STREET ADDRESS	307 WOODHAM AVE.	STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF, FL 33843	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Patricia Stone **Patricia Stone** **3-28-04** **(863)294-0658**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #