


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90055 028 ****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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02032005 Chg-NP CR2E037 (10/03)	
4. FEI Number NOT APPLICABLE				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STONE, RONALD REV 860 1ST STREET LK. IDA WINTER HAVEN, FL 33883			7. Name and Address of New Registered Agent Name Lynn, Rev. Bertha Street Address (P.O. Box Number is Not Acceptable) 550 N. Eagle Drive City Eagle Lake FL Zip Code 33839		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>				DATE 02/03/05	
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME STONE, RONALD REV STREET ADDRESS 860 1ST STREET LK. IDA CITY-ST-ZIP WINTER HAVEN, FL 338831936	<input checked="" type="checkbox"/> Delete		TITLE P NAME Lynn, Bertha, Rev. STREET ADDRESS 550 North Eagle Drive CITY-ST-ZIP Eagle Lake, FL 33839	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME LYNN, JOEL STREET ADDRESS 307 WOODHAM AVE. CITY-ST-ZIP FROSTPROOF, FL 33843	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME STONE, PATRICIA STREET ADDRESS 860 1ST ST., LK IDA CITY-ST-ZIP WINTER HAVEN, FL 338831936	<input checked="" type="checkbox"/> Delete		TITLE ST NAME O'Neal, Betty STREET ADDRESS 214 Robinson Street CITY-ST-ZIP Auburndale, FL 33823-3509	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME LYNN, PAMELA STREET ADDRESS 307 WOODHAM AVE. CITY-ST-ZIP FROSTPROOF, FL 33843	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Rev. BERTHA LYNN</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 02/03/05 Daytime Phone # 863/299-4795	