

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30018

**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

**Certificate of Status Desired:** Yes

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

HENDERSON, CHARLES R  
29-A LAKE ARROWHEAD RD  
WINTER HAVES, FL 33880 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HENDERSON, CHARLES R  
Address 29-A LAKE ARROWHEAD DR  
City-State-Zip: WINTER HAVEN FL 33880

Title ST  
Name DAVIS, LISA  
Address 2024 FOXHOLLOW DRIVE  
City-State-Zip: AUBURNDAL FL 33823

Title D  
Name CATRETT, COLIN  
Address PO BOX 715  
City-State-Zip: EAGLE LAKE FL 33839

Title D  
Name DAVIS, JAMES  
Address 2024 FOXHOLLOW DR  
City-State-Zip: AUBURNDAL FL 33823

Title D  
Name RUSTICUS, JASON  
Address 406 N. 22ND ST  
City-State-Zip: HAINES CITY FL 33844

*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:** LISA DAVIS

**SECRETARY**

**04/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date