

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N30018** (8)
1. Corporation Name
NORTHSIDE ASSEMBLY OF GOD OF WINTER HAVEN, INC.

Principal Place of Business 860 1ST ST (LAKE IDA) P.O. BOX 1836 WINTER HAVEN FL 33883-1836 US	Mailing Address 860 1ST ST (LAKE IDA) P.O. BOX 1836 WINTER HAVEN FL 33883-1836 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/30/1988	3a. Date of Last Report 05/01/1996
4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
**LYNN, REV BERTHA
550 NORTH EAGLE DRIVE
LAKE IDA
EAGLE LAKE FL 33839**

81 Name LYNN, REV. BERTHA
82 Street Address (P.O. Box Number is Not Acceptable) 550 North Eagle Drive
83
84 City Eagle Lake,
85 Zip Code FL 33839

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	P LYNN, BERTHA
STREET ADDRESS	PO BOX 462 550 N EAGLE DRIVE
CITY - ST - ZIP	EAGLE LAKE FL
TITLE	☐ DELETE
NAME	SD SMITH, CHESTER
STREET ADDRESS	538 RIDGE ACRES DR.
CITY - ST - ZIP	WINTER HAVEN FL 33880
TITLE	☐ DELETE
NAME	V SMITH, CHESTER
STREET ADDRESS	538 RIDGE ACRES DR
CITY - ST - ZIP	WINTER HAVEN FL
TITLE	☒ DELETE
NAME	T DYESS, EDDIE
STREET ADDRESS	100 ALMA AVE
CITY - ST - ZIP	HAINES CITY FL
TITLE	☐ DELETE
NAME	ST O'NEAL, BETTY
STREET ADDRESS	214 E ROBINSON ST
CITY - ST - ZIP	AUBURNDALE FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	Tr, V SMITH, CHESTER
2.3 STREET ADDRESS	P. O. Box 1408
2.4 CITY - ST - ZIP	Eagle Lake, FL 33839
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	TR O'NEAL, PATRICK L.
3.3 STREET ADDRESS	134 HIGHLANDS AVENUE
3.4 CITY - ST - ZIP	AUBURNDALE, FL 33823
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Betty O'Neal** REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/97 941/967-3597
Date Daytime Phone * 0084753

CR2E037 (9/96)