FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Apr 14, 2001 8:00 am Secretary of State DOCUMENT # N30018 1. Entity Name 04-14-2001 90022 044 ****61.25 NORTHSIDE ASSEMBLY OF GOD OF WINTER HAVEN, INC. Principal Place of Business Mailing Address 860 1ST ST (LAKE IDA) 860 1ST ST (LAKE IDA) P.O. BOX 1936 P.O. BOX 1936 WINTER HAVEN FL 33883-1936 WINTER HAVEN FL 33833-1936 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Rev. Ronald Stone Street Address (P.O. Box Number is Not Acceptable) LYNN, REV BERTHA 550 NORTH EAGLE DRIVE 176 N. Riverdale Rd. EAGLE LAKE FL 33839 Zip Code Avon Park, 33825 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 3-31-01 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TA Change ☐ Addition TITLE □ Delete TITLE Rev. Ronald Stone NAME LYNN, BERTHA NAME 176 N. Riverdale Rd STREET ADDRESS STREET ADDRESS PO BOX 462 550 N EAGLE DRIVE CITY-ST-ZIP CITY-ST-ZIP Avon Park, FL 33825 EAGLE LAKE FL $\overline{\mathsf{TV}}$ TITLE X Change ☐ Addition TITLE ☐ Delete Chester Smith NAME NAME O'NEAL, PATRICK STREET ADDRESS STREET ADDRESS 865 S. Lake Shore Way 134 HIGHLANDS AVE CITY-ST-ZIP CITY-ST-ZIP <u>AUBURNDALE FL 33823</u> Lake Alfred, FL 33850 TITLE--TITLE --- Change - Addition O'NEAL, BETTY NAME NAME STREET ADDRESS STREET ADDRESS 214 EAST ROBINSON ST CITY-ST-ZIP CITY-ST-ZIP AUBURNDALE FL 33823 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME STONE, PATRICIA NAME Pamela Lvnn STREET ADDRESS STREET ADDRESS 176 NORTH RIVERDALE RD 307 Woodham Ave. CITY-ST-ZIP CITY-ST-ZIP AVON PARK FL 33826 Frostproof, FL 33843 TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ 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