2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 705318 May 16, 2000 8:00 am 1. Entity Name Secretary of State SOUTHSIDE BAPTIST CHURCH HOLDING COMPANY, INC. 05-16-2000 90803 015 ****61.25 Principal Place of Business Mailing Address PO BOX 7499 536 N MONROE ST TALLAHASSEE FL 32301 TALLAHASSEE FL 32314-7499 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1159322 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NOLAN, LARRY S. 2524 STONEHOUSE COURT TALLAHASSEE FL 32301 Zip Code City 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change ☐ Addition Delete TITLE TITLE Nolan, Larry S NAME NAME GARGUS, GARY 2524 Stonehouse Ct STREET ADDRESS **3014 KEVIN STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Tallahassee FL 32301 TALLAHASSEE, FL 00000 Addition ☐ Delete ☐ Change TITLE TITLE william Perrine NAME MCKENDREE, JAMES STREET ADDRESS STREET ADDRESS 1142 WALDEN ROAD 267 Ross Road CITY-ST-ZIP CITY-ST-ZIE Tallahassee TALLHASSEE, FL 00000 ☐ Change X Audition TITLE Delete D TITI F n NAME WILLIAMS, M.L - 1 NAME -Nelson-, O.C. STREET ADDRESS STREET ADDRESS 3091 LAKEVIEW DR. 7070 Carmel Drive CITY-ST-ZIP CITY-ST-ZIP Tallahasser FL 32308 TALLAHASSEE, FL 00000 Addition TITLE ☐ Change Delete TITLE NAME Johnson, E.N. 41 Quail Ct POPE, RALPH NAME STREET ADDRESS STREET ADDRESS 8625 TRAM ROAD CITY-ST-ZIP 32327 Crawford ville CITY-ST-ZIF TALLAHASSEE, FL_00000 Change ☐ Addition TITLE Delete TITLE MATTHEWS, J EDWARD NAME NAME Gargus, Gary STREET ADDRESS STREET ADDRESS 511 LYNDALE 2041 Forest Glan Ct CITY-ST-ZIP 32303 CITY-ST-ZIP TALLAHASSEE, FL 00000 Change ☐ Addition TITLE □ Delete TITLE mikendree James NAME NAME NOLAN, LARRY S. STREET ADDRESS 1142 walden Road STREET ADDRESS 2524 STONEHOUSE CT CITY-ST-ZIP 323// CITY-ST-ZIP Tallahassee TALLHASSEE, FL 00000

12. I hereby certify that the information supplied with this filling 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.

721-327

Daytime Phone #

2000	UNIFORM BUS	INE22 KEDO	KI (ORI	4) <u> </u>								
DOCU 1. Entity Nan	MENT # 705318												
SOUTHSIDE BAPTIST CHURCH HOLDING COMPANY, INC.						AHACH MENT DUUG 2929							
Principal Plac	ce of Business	Mailing Address				7							
536 N MONRO		PO BOX 7499				10004243							
TALLAHASSEE	FL 32301	TALLAHASSEE FL 32314-7499	9										
					_				-				
2. Principal P	Place of Business	3. Mailing Address								·			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & Stat	te	City & State				4. FEI Number Applied For							
Zip Country		Zip Country		try		59-1159322 5. Certificate of Status Desired				\$8.75	Not Applicable \$8.75 Additional		
	6. Name and Address of Current	Pagistered Acoust				7. Name an		<u></u>		Fee Rec			
4.2.	• • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		Namè .	٠. نه	7. Haile all	U AUGIES	3 01 1161	registered	Agent.			
		Street Address			dress (F	(P.O. Box Number is Not Acceptable)							
NOLAN, LI 2524 STOI	arry S. Nehouse Court	3.0017.03.000							- '				
TALLAHASSEE FL 32301		·		0:						1 7:-	O a d a		
				City					FL	- Zip	Code		
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered	office or	registere	d agent, or be	oth, in the	state of F	lorida.				
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SIGNATURE .		· · · · · · · · · · · · · · · · · · ·	_										
	Signature, typed or printed name of registered agent a	ind title if applicable. (NOTE: F	Registered A	igent signatu	re required v	when reinstating)		<u></u>	DATE				
_	FILE 600: FEE 19 \$61.25) May Be to Fees			KoeliG el Nohitzga				
10	OFFICERS AND DIE	PECTORS	11.			DDITIONS/CI	ANGES :	O OFFIC	ERS AND D	RECTOR	SIN	10	
TITLE	P OFFICERS AND BIF	Delete	TITLE		D	····			ENG AND D	Char		Addition	
NAME	GARGUS, GARY		NAME			liams				·			
STREET ADDRESS	3014 KEVIN STREET		STREET :	ADDRESS		1 Laks				מו			
TITLE	TALLAHASSEE, FL 00000	Delete	TITLE	1-24	<u>アム</u> D	laha	<u> </u>		3/3	Chai	nae	Addition	
NAME	MCKENDREE, JAMES	TTI Delete	NAME	- 1		++ 42	. رود	J. E	Lward			_	
STREET ADDRESS	1142 WALDEN ROAD			ADDRESS		Lynnd			2.0	201			
CITY-ST-ZIP	TALLHASSEE, FL 00000		CITY-ST	I-ZIP	Tal	láhas	<u> </u>	FL	<u>. 32</u>	301 □ Cha	nne	Addition	
TITLE NAME	D WILLIAMS, M L	☐ Delete	TITLE NAME						•		·yv		
STREET ADDRESS	3091 LAKEVIEW DR.	•		ADDRESS -			 -	-			-		
· CITY-ST-ZIP	TALLAHASSEE, FL 00000		CITY-ST	T-21P				_				Addition	
TITLE NAME	D DALDU	☐ Delete	TITLE	•						☐ Chai	ige	☐ Vagarrion	
STREET ADDRESS	Pope, Ralph 8625 Tram Road		_	ADDRESS		-			•				
CITY-ST-ZIP	TALLAHASSEE, FL 00000		CITY-ST	T-ZIP			•						
TITLE	D	☐ Delete	TITLE	• [Chai	nge	Addition	
NAME STREET ADDRESS	MATTHEWS, J EDWARD		NAME. STREET	ADDRESS					•				
CITY-ST-ZIP	511 LYNDALE TALLAHASSEE, FL 00000	•	CITY+S						·				
TITLE	ST	☐ Delete	TITLE							Cha	nge .	☐ Addition	
NAME	NOLAN, LARRY S.		NAME	ADDRESS			_						
STREET ADDRESS CITY-ST-ZIP	2524 STONEHOUSE CT TALLHASSEE, FL 00000		CITY-S										
12. I hereby	certify that the information supplied with	this filing does not qualify for t	the exem	ption stat	ted in Se	ction 119.07(3	B)(i), Floric	a Statute	s. I further ce	ertify that	the in	formation or director	
indicated	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee emperation, I, or on an attachment with an address,	strue and accurate and that my	y signatu is require	ed by Cha	ave the s opter 617	, Florida Statu	tes; and t	hat my na	me appears	in Block	10 or	Block 11 if	

SIGNATURE: . Daylime Phone # Date SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR