

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90033 039 ****61.25

DOCUMENT # 711158
 1. Entity Name
 SOUTH SIDE CHRISTIAN CHURCH OF FORT MYERS,
 FLORIDA, INC.



Principal Place of Business
 7800 COLLEGE PKWY
 FORT MYERS, FL 33907

Mailing Address
 7800 COLLEGE PKWY
 FORT MYERS, FL 33907

50001158



01092007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2131651	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

MASSENGALE, ROBERT
 1550 WOODWIND COURT
 FORT MYERS, FL 33919

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TE FULLER, JAMES 1420 MANUELS DR FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TE <i>Prouly</i> PROULY, ANDRE 15620 CRYSTAL LAKE DRIVE #104 NORTH FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____