FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Daytime Phone # 0053656

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE!

N39853

(9)

SOUTHSIDE BAPTIST CHURCH OF FROSTPROOF, INC.

Principal Place	e of Business		Ma	illing Address						• •			
314 S SCENIC HWY FROSTPROOF FL 33843				P.O. BOX 515 FROSTPROOF FL 33843-0515									
									3. Date incorporated or Qualified 09/04/1990	3a. D	of Last R 02/16/19	eport 96	
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 59-3032250	•	Ap	plied For	
21				28					39-3032230			t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	X	\$8.75 / Fee Re		
City & State				City & State					6. Election Campaign Financing			· · · · · · · · · · · · · · · · · · ·	
3			28	28					Trust Fund Contribution		\$5.00 Added 1		
Zip	Country			Zip Cou			,		8. This corporation has liability for				
24	25		29	29 30						☐ Yes			
9. Name and Address of Current			nt Regis	egistered Agent					10. Name and Address of New Registered Agent				
						81	Nam	e					
HIGGINBOTTOM, DAVID B.				82			Stree	t Addre	Address (P.O. Box Number is Not Acceptable)				
101 E WALL ST													
FROSTPROOF FL 33843													
						84	City			FL	85 Zip (Code	
11 Durauant	to the provision	ne of Spotions 617.050	12 and 6	17 1500 Florido Stat	utos tha	2001		d corpo	oration submits this statement for the		a descripe it	a raniatorad	
office or r	egistered age	nt, or both, in the State	of Floric	la. Such change was	s authoriz	ed by	the co	orporation	on's board of directors. I hereby acco	porpose o	pointment as	registered	
	ım tamıllar with	, and accept the oblig	ations of	, Section 617.0503, I	riorida St	atutes	S .					•	
SIGNATURE .	Signature, typed or	printed name of registered ag	ent and title	1 applicable (NC	OTE: Registe	red Ape	ent signati	ure requires	of when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·		
12.		OFFICERS AN			13				ADDITIONS/CHANGES TO OFF		D DIRECTOR	IS IN 12	
TITLE	DP		/	DELETE	1.1	TITLE					Change	Addition	
NAME	IVEY, GEF	RALD			1.2	NAME							
STREET ADDRESS	58 BLACK	(JACK AVE			1.3	STREET	ADDRES	s					
CITY-ST-ZIP	FROSTPR	OOF FL			1.4	CITY-S	ST-ZIP						
THILE	D			☐ DELETE	2.1	TITLE					☐ Change	Addition	
NAME		n, arthur			2.2	NAME							
STREET ADDRESS		RT MEADE ROAD			2.3	STREET	ADDRES:	S					
CITY-ST-ZIP	FROSTPR	OOF FL		- I os ses		CITY-	ST-ZIP	ļ	······································				
TITLE	T			☐ DELETE	- 1	TITLE		ŀ	- :	•	☐ Change	Addition	
NAME		ATHERYN				NAME							
STREET ADDRESS	24 ELKHO						ADDRES	3					
CITY-ST-ZIP TITLE	FROSTPR	OUF FL		DELETE		CITY-S	SI-ZIP	 			Change	Addition	
NAME						NAME					THE CHARLING	THE ADDITION	
STREET ADDRESS							'ADDRES						
CITY-ST-7IP					1	CITY-S		' [
TITLE		H-1, 1, 11 1		☐ DELETE		TITLE	DI - 21F				Change	Addition	
NAME					-	NAME						_	
STREET ADDRESS					1		ADDRES	s					
CITY-ST-ZIP					1	CITY-S							
TITLE				☐ DELETE		TITLE		1	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME					6.2	NAME							
STREET ADDRESS					6.3	STREET	ADDRES	s					
CHTY-ST-ZIP					6.4	CITY-S	ST-ZIP					·	
14. I do herel	by certify that t	he information supplied this appual report of	d with th	is filing does not qua	alify for th	e exe	mption	stated	in Section 119.07(3)(i), Florida Statut ny signature shall have the same leg	es. I furthe	r certify that	the	
l am an o	fficer or direct	or of the corperation of	r the rece	eiver or trustee empo	owered to	exec	cute this	s report	as required by Chapter 617, Florida	Statutes; a	and that my r	iame	
appears i	iu Biock 15 ot l	ыю ику зыт c pe ngled, c	propana	attachment with an a	aaress.								

PEQUIRED