


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90036 028 ****70.00

DOCUMENT # N39853
 1. Entity Name
SOUTHSIDE BAPTIST CHURCH OF FROSTPROOF, INC.



Principal Place of Business Mailing Address
314 S. SCENIC HWY **P.O. BOX 515**
FROSTPROOF FL 33843 **FROSTPROOF FL 33843**

50034923



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-3032250 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BASS, GEORGE STEVEN
2551 APPALOOSA RD
LAKE WALES FL 33859

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *George Steven Bass* **Pastor** **4-3-05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TC	<input type="checkbox"/> Delete
NAME	JACKSON, BILLY	
STREET ADDRESS	311 SIMMONS STREET	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KELLER, MICHAEL	
STREET ADDRESS	62 JOHN ST	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALBRITTON, JOYCE	
STREET ADDRESS	1717 FT MEADE ROAD	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BASS, ANN	
STREET ADDRESS	PO BOX 611	
CITY-ST-ZIP	DUNDEE FL 33838	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, SHIRLEY P	
STREET ADDRESS	311 SIMMONS ST	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LAMBETH, WAYNE	
STREET ADDRESS	10 HARVARD AVE	
CITY-ST-ZIP	FROSTPROOF FL 33843	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, David	
STREET ADDRESS	125 N. Central Drive #59	
CITY-ST-ZIP	Lake Wales, FL 33859	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilson, Alice	
STREET ADDRESS	125 N. Central Drive #59	
CITY-ST-ZIP	Lake Wales, FL 33859	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cockrell, Kenneth	
STREET ADDRESS	2380 N. Cochrane Rd.	
CITY-ST-ZIP	Avon Park, FL 33825	

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 changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: *George Steven Bass* **Pastor** **4-3-05** **(863) 528-9290**
Signature and typed or printed name of signing officer or director Date Daytime Phone #