

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39853

FILED  
Apr 14, 2012  
Secretary of State

**Entity Name:** SOUTHSIDE BAPTIST CHURCH OF FROSTPROOF, INC.

**Current Principal Place of Business:**

314 S SCENIC HWY  
FROSTPROOF, FL 33843

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 515  
FROSTPROOF, FL 33843

**New Mailing Address:**

314 S SCENIC HWY  
FROSTPROOF, FL 33843

FEI Number: 59-3032250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEMPLE, ROBERT E  
2020 W. FROSTPROOF RD.  
FROSTPROOF, FL 33843 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: ARMS, MICHAEL J  
Address: 1201 PINE AVENUE  
City-St-Zip: FROSTPROOF, FL 33843

Title: OFF  
Name: HENSON, AUTREY G JR  
Address: 198 WALNUT AVENUE  
City-St-Zip: FROSTPROOF, FL 33843

Title: OFF  
Name: STEMPLE, ROBERT E  
Address: 2020 W. FROSTPROOF RD.  
City-St-Zip: FROSTPROOF, FL 33843

Title: OFF  
Name: STRUTHERS, WILLIAM K  
Address: 247 WALTER AVE.  
City-St-Zip: FROSTPROOF, FL 33843

Title: OFF  
Name: STEMPLE, CHARLENE J OFF  
Address: 2020 W. FROSTPROOF, ROAD  
City-St-Zip: FROSTPROOF, FL 33843

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT E. STEMPLE

TRES

04/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date