

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 707157 1. Entity Name SOUTHSIDE BAPTIST CHURCH, INCORPORATED, OF ORLANDO, FLORIDA					
Principal Place of Business 1720 LAKE MARGARET DRIVE ORLANDO FL 32806			Mailing Address 1720 LAKE MARGARET DRIVE ORLANDO FL 32806		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number NO-T APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLAZE, CLAYTON JERRY 1720 LK MARGARET DR ORLANDO FL 32806				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and (file if applicable). (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POWERS, EVELYN 1720 MELVIN AVENUE ORLANDO FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATSON, VERLIN 7040 LAKE DRIVE ORLANDO FL 32809				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRAPP, DEBRA R 1720 LAKE MARGARET DR. ORLANDO FL 32806				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
[Empty]					
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: Debra R. Trapp Debra R Trapp Treasurer					
1-30-04 407-859-5340					