

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39853

Entity Name: SOUTHSIDE BAPTIST CHURCH OF FROSTPROOF, INC.

Current Principal Place of Business:

314 S SCENIC HWY
FROSTPROOF, FL 33843

Current Mailing Address:

P.O. BOX 515
FROSTPROOF, FL 338430515 US

FEI Number: 59-3032250

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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: ROBERT EMERY STEMPLE

02/12/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PASTOR
Name ARMS, MICHAEL J
Address 2033 R E BIRD
City-State-Zip: FROSTPROOF FL 33843

Title TREASURER
Name DOREEN, EGAN
Address 2033 R. E. BIRD
City-State-Zip: FROSTPROOF FL 33843

Title DEACON
Name STRUTHERS, WILLIAM K
Address 2745 SAM KEEN RD
City-State-Zip: LAKE WALES FL 33898-9322

Title CLERK, ELDER
Name STEMPLE, ROBERT E
Address 2020 W. FROSTPROOF, ROAD
City-State-Zip: FROSTPROOF FL 33843

Title ELDER
Name JOHN, GREEN L
Address 130 W B ST
City-State-Zip: FROSTPROOF FL 33843-1845

Title DEACON
Name GRENKE, JOEL
Address 345 N LAKE REEDY BVLD
City-State-Zip: FROSTPROOF FL 33843

Title ELDER
Name PRINE, CRAIG
Address 1519 PFUNDSTEIN ROAD
City-State-Zip: BABSON PARK FL 33827

Title ELDER
Name MALDANDO, RALPH
Address 226 TOWER POINT CIRCLE
City-State-Zip: LAKE WALES FL 33859

Continues on page 2

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

CLERK/ELDER

02/12/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DEACON
Name LANG, MICHAEL
Address 1202 TRIANGLE DRIVE
City-State-Zip: LAKE WALES FL 33853