

2015 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:

314 S SCENIC HWY
FROSTPROOF, FL 33843

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

04/03/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DEACON
Name HENSON, AUTREY GJR
Address 198 WALNUT AVENUE
City-State-Zip: FROSTPROOF FL 33843

Title TREASURER, ELDER
Name STEMPLE, ROBERT EMERY
Address 2020 W. FROSTPROOF RD.
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 ASST. TREASURER
Name STEMPLE, CHARLENE J
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 OFFICER
Name SHIRLEY, JACKSON P
Address 852 PEPPERTREE LANE
City-State-Zip: FROSTPROOF FL 33843

Title TREASURER
Name EGAN, DOREEN
Address 1610 SCRUB JAY TRAIL
FROSTPROOF
City-State-Zip: FROSTPROOF FL 33843

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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 EMERY STEMPLE

ELDER

04/03/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DEACON

Name GRENKE, JOEL

Address 285 S. LAKE VA, LOT 21

City-State-Zip: FROSTPROOF FL 33843