## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 14, 2006 8:00 am Secretary of State **DOCUMENT # 705455** 1. Entity Name 03-14-2006 90017 023 \*\*\*\*61.25 THE SOUTHSIDE CHRISTIAN CHURCH, INC. Principal Place of Business Mailing Address 4111 WEBBER STREET 4111 WEBBER STREET SARASOTA FL 34232-4849 SARASOTA FL 34232-4849 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-6232242 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEMBLETON, DAVID 5344 CREEKSIDE TRAIL SARASOTA FL 34239 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. the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Chairman of Board Denny Knell TITLE HILL Delete PEMBLETON, DAVE NAME NAME megan Hammock Wax STREET ADDRESS 3104 MEYER ST STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-ZIP X Addition TITLE ☐ Detete MCCORY, MURRY NAME NAME Dunrobin Dr., 43106 2766 GREENDALE DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FI. CITY - ST - 719 CITY-S1-ZIP ☐ Change Addition TITLE ☐ Delete TITLE GOUD NAME NAME Parmouth Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 

11000

**FILED**