

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708886 (7)

1. Corporation Name

SOUTHSIDE BAPTIST CHURCH, INC.

APPROVED
AND
FILED

95 MAY 16 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

902 S. SPRING GARDEN AVENUE
DELAND FL 32720

Mailing Address

902 S. SPRING GARDEN AVENUE
DELAND FL 32720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1965

3a. Date of Last Report

04/15/1994

4. FEI Number

59-1624169

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

9. Name and Address of Current Registered Agent

ANDERSON, ALMA G
1111 WILD OAK TERR
DELAND FL 32720-6520

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

NICHOLSON, JACK
227 N KEPLER RD
DELAND FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

REZABEK, MONICA
4152 FOXWOOD TR
DELAND FL

NAME

STREET ADDRESS

CITY - ST - ZIP

BEASLEY, AL G

1428 S RIDGEWOOD AVE
DELAND FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

BEASLEY, THERESA M
1428 S RIDGEWOOD AVE
DELAND FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Trustee

Nicholson, Jack
227 N. Kepler Rd
DeLand, FL 32720

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Treasurer

Judith A. Warrensford
631 W. Blue Lake Terr.
DeLand FL 32724

Secretary

Judith A. Warrensford
631 W. Blue Lake Terr.
DeLand, FL 32724

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Judith A. Warrensford, Treas.
JUDITH A. WARRENSFORD

5-10-95 904-738-4691

Date

Signature Here

OR 904-734-0352