

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

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90029 006 \*\*\*\*61.25

**DOCUMENT # 708886**

1. Entity Name

**SOUTHSIDE BAPTIST CHURCH, INC.**



Principal Place of Business

**902 S. SPRING GARDEN AVENUE  
DELAND FL 32720**

Mailing Address

**902 S. SPRING GARDEN AVENUE  
DELAND FL 32720**

**54033350**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-1624169**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Rita Nussbaumer**

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

**3216 Sawyer Circle**

City  
**Deltona**

**FL**

Zip Code  
**32738**

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.

SIGNATURE **Rita Nussbaumer**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
**P CORNING, DAVID R  
215 ROBINHOOD DR  
DELAND FL 32724** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D LANGEICK, MAMIE  
1380 FATIO RD.  
DELAND FL 32720** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D HERRINGTON, JEAN  
920 HUNTERS CREEK DR. #1105  
DELAND FL 32720** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D CORNING, DAVID R  
215 ROBINHOOD DR  
DELAND FL 32724** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T MURPHEY, JOY C  
607 SOUTH WOODWARD AVENUE  
DELAND FL 32720** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S WARNER, JANAINA C  
764 LELAND DR.  
DELTONA FL 32725** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P Becker, Betty  
2024 Hontoon Road  
deLand, Fl. 32720** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D Wolford, Myrlë  
4370 Mixon Drive  
DeLand, Fl. 32724** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D Becker, Betty  
2024 Hontoon Road  
DeLand, Fl. 32720** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D Warner, Janaina  
764 Leland Drive  
Deltona, Fl. 32725** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T Nussbaumer, Rita  
PO Box 741147  
Orange City, Fl. 32774** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: **Janaina C. Warner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 8, 2004** **386-860-3970**  
Date Daytime Phone #