## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

SIGNATURE: £a...

255 MOSES ST POB 525 MULBERRY FL 33860-8852

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 715658

(1)

Mailing Address

2a. Mailing Address

26

27

255 MOSES ST POB 525 MULBERRY FL 33860-8852

Suite, Apt. #, etc.

SOUTHSIDE BAPTIST CHURCH OF MULBERRY, INC.

## **FILED** Feb 06 1998 8:00am Secretary of State

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

941/425/2786

Not Applicable

3. Date Incorporated or Qualified 12/04/1968

59-1265078

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

ban 18,1998

4. FEI Number

City & State	e	City &	City & State					7. Is this nonprofit corporation a homeowners association?								
23		28						☐ Yes ☐ No								
<b>⊢</b> .	Zip Country			⊢—			untry		8. This corporation owes or has paid the current year							
25 29 30 30 9. Name and Address of Current Registered Agent									Personal Pr				_ Yes		No	
	9. Name an	d Address of Current	81	4	Name	10.	Name and	Address	of New Re	gistered /	Agent					
ELLIOTT, WARREN							Street A	Address (F	O. Box Nur	nber is No	t Acceptab	le)		_		$\neg$
290 MOSES STREET							<u> </u>									
MULBERRY FL 33860																
										· · · · · · · · · · · · · · · · · · ·		FL	85	Zip C	Code	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the corporation's board of directors. I begin accept the appointment as registered															ed	
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 617.0503, Florida Statutes.															٦	
SIGNATURE Warren Ellant															_	
Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE																
12.	PDT	OFFICERS AND		DELETE	13.	_			ADDITIONS/	CHANGE	NO OFFIC	ENO AND	DIRE		S IN 12	ition
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NAME	WILKENS, LARRY							PLE	sident KERSON	//Tru	stee		_			
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NAME					6.2 NAME											
STREET ADDRESS					6.3 STREET		į.									- }
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indicated of	on this annual r	report or supplemental sorporation or the recelving of an attach	annual report i er or trustee e	s true and accura	ate and the	re	my signa port as re	nature sha required t	If have the say Chapter 6	ame legal 17, Florida	effect as if Statutes;	made und	der oat	th; that ne app	l am an ears in	