

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2002 8:00 am**  
**Secretary of State**

09-08-2002 90119 040 \*\*\*\*61.25

**DOCUMENT # 715658**

1. Entity Name

**SOUTHSIDE BAPTIST CHURCH OF MULBERRY, INC.**

Principal Place of Business

**251**  
**255 MOSES ST POB 525**  
**MULBERRY FL 33860-8852**

Mailing Address

**251**  
**255 MOSES ST POB 525**  
**MULBERRY FL 33860-8852**

**B0136461**

2. Principal Place of Business

**251 Moses St**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 525**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Mulberry, FL**

City & State

**Mulberry, FL 33860**

4. FEI Number

**59-1265078**

Applied For

Not Applicable

Zip

**33860**

Country

**Polk**

Zip

**33860**

Country

**Polk**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SOUTHSIDE BAPTIST CHURCH**

**255 MOSES STREET 251 Moses Street**  
**MULBERRY FL 33860**

7. Name and Address of New Registered Agent

Name

**Southside Baptist Church**

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

**251 Moses Street**

City

**Mulberry**

**FL**

Zip Code

**33860**

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

*Jerry Simpson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**9-1-02**

**After September 13, 2002,**  
**min. will be \$236.25.**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	GRAINGER JR, LLOYD	
STREET ADDRESS	6231 JUBILEE LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	President	<input type="checkbox"/> Delete
NAME	SIMPSON, TERRY	
STREET ADDRESS	3544 PORTER RD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	STR	<input checked="" type="checkbox"/> Delete
NAME	LINK, TAL	
STREET ADDRESS	8011 NORTH FORK ROAD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harold Martin	
STREET ADDRESS	3519 Pinedale Drive	
CITY-ST-ZIP	Lakeland, FL 33811	
TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Shoupe	
STREET ADDRESS	6702 County Line Rd	
CITY-ST-ZIP	Lakeland, Fla. 33811	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cecil Curlee	
STREET ADDRESS	5779 Cherry Lane	
CITY-ST-ZIP	Lakeland, Fla. 33811	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rev. George Chestnut	
STREET ADDRESS	1106 Portland Ave.	
CITY-ST-ZIP	Mulberry, FL 33860	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *TERRY SIMPSON* **9-1-02** **425-2786**

CR2E037 (4/02)