

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

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90046 013 ****61.25

DOCUMENT # 715658 1. Entity Name SOUTHSIDE BAPTIST CHURCH OF MULBERRY, INC.					
Principal Place of Business 251 MOSES ST - MULBERRY FL 33860		Mailing Address PO BOX 525 MULBERRY FL 33860			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E037 (10/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1265078 Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOUTHSIDE BAPTIST CHURCH 251 MOSES ST MULBERRY FL 33860				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW - FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MARTIN, HAROLD	NAME	William S. Neely		
STREET ADDRESS	3519 PINEDALE DRIVE	STREET ADDRESS	3162 Stonewater Drive		
CITY-ST-ZIP	LAKELAND FL 33811	CITY-ST-ZIP	Lakeland, Florida 33803		
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMPSON, TERRY	NAME			
STREET ADDRESS	3544 PORTER RD	STREET ADDRESS			
CITY-ST-ZIP	LITHIA FL 33547	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHESTNUT, GEORGE REV	NAME			
STREET ADDRESS	1106 PORTLAND AVE	STREET ADDRESS			
CITY-ST-ZIP	MULBERRY FL 33860	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: William S. Neely

1-31-06