

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

**FILED**  
**Mar 22, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 721573</b> 1. Entity Name SOUTHSIDE BAPTIST CHURCH OF WAUCHULA, INC.			
Principal Place of Business 505 S. 10TH AVENUE P.O. BOX 515 WAUCHULA FL 33873		Mailing Address 505 S. 10TH AVENUE P.O. BOX 515 WAUCHULA FL 33873	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-2321240		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  THURMAN LOWE 3415 SUVANNE ST. ZOLFO SPRINGS FL 33890		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT BENNETT, LEIGHTON D 1827 LOUISIANA STREET WAUCHULA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LOWE, THURMAN 3415 SUWANNEE ST. ZOLFO SPRINGS FL 33890	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <i>Thurman Lowe</i>		3-12-06 375-1211	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

