

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90031 033 \*\*\*\*61.25

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01292008 No Chg-NP CR2E037 (4/06)

**DOCUMENT # 721573**  
 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
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2321240	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
 THURMAN LOWE  
 3415 SUVANNE ST.  
 ZOLFO SPRINGS, FL 33890

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT BENNETT, LEIGHTON D 1827 LOUISIANA STREET WAUCHULA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LOWE, THURMAN 3415 SUWANNEE ST. ZOLFO SPRINGS, FL 33890
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Thurman Lowe* 4/13/08 863(735)1211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

Thurman Lowe DT