2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Nov 10, 2009 **DOCUMENT#721573** Secretary of State

Entity Name: SOUTHSIDE BAPTIST CHURCH OF WAUCHULA, INC.

Current Principal Place of Business: New Principal Place of Business:

505 S. 10TH AVENUE WAUCHULA, FL 33873

Current Mailing Address: New Mailing Address:

PO BOX 515 WAUCHULA, FL 33873

FEI Number: 59-2321240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

THURMAN LOWE MATT CREWS 3415 SUVANNE ST. 719 POPASH ROAD ZOLFO SPRINGS, FL 33890 WAUCHULA, FL 33873 US US

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.

SIGNATURE: MATT CREWS 11/10/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PDT () Delete (X) Change () Addition BENNETT, LEIGHTON D CREWS, MATT Name: Name:

1827 LOUISIANA STREET Address: 719 POPASH ROAD Address: City-St-Zip: WAUCHULA, FL City-St-Zip: WAUCHULA, FL 33873

Title: DT () Delete Title: (X) Change () Addition

Name: LOWE, THURMAN Name: STEPHENS, BOBBI Address: 3415 SUWANNEE ST. Address: 895 BOSTICK RD City-St-Zip: ZOLFO SPRINGS, FL 33890 City-St-Zip: WAUCHULA, FL 33873

Title: () Delete Title: () Change (X) Addition

Name: DUNN, JOANN Name: Address: Address: 2880 KELSEY RD City-St-Zip: City-St-Zip: BOWLING GREEN, FL 33834

Title: () Delete Title: () Change (X) Addition

Name: Name: WALDRON, JOAN Address: Address: 212 N 1ST AVENUE City-St-Zip: City-St-Zip: WAUCHULA, FL 33873

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATT CREWS Ρ 11/10/2009