

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722237

1. Entity Name

THE SOUTHSIDE BAPTIST CHURCH ENDOWMENT FUND, INC

Principal Place of Business

310 McDONALD STREET
LAKELAND FL 33803

Mailing Address

310 McDONALD STREET
LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERRING, RONALD
2654 HANDLEY BLVD
LAKELAND FL 33803

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 D
NAME BOHANAN, JOHN
STREET ADDRESS 1215 O'DONIEL LOOP NORTH
CITY-ST-ZIP LAKELAND FL 33809 ☐ Delete

TITLE D
NAME BRUNSON, LENTON
STREET ADDRESS 2322 EDEN PARKWAY
CITY-ST-ZIP LAKELAND FL 33803 ☒ Delete

TITLE P
NAME HERRING, RONALD
STREET ADDRESS 2654 HANDLEY BLVD.
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE D
NAME GIEGER, MACK
STREET ADDRESS 5619 STRATFORD LANE
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE D
NAME LANE, NINA J
STREET ADDRESS 1006 SUSAN DRIVE
CITY-ST-ZIP LAKELAND FL 33803 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Ronald A Herring REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90200 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)