## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2004 8:00 am Secretary of State

04-28-2004 90355 001 \*\*\*122.50

## DOCUMENT # 722237 1. Entity Name

THE SOUTHSIDE BAPTIST CHURCH ENDOWMENT FUND, INC. Principal Place of Business Mailing Address 00416140 310 MCDONALD STREET 310 MCDONALD STREET LAKELAND, FL 33803 LAKELAND, FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03102004 Chg-NP CR2E037 (10/03) City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip \_~ \_Country \_\_ Zip Country \$8.75 Additional 5: Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERRING, RONALD 2654 HANDLEY BLVD Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33803 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 **\$5.00** May Be Trust Fund Contribution. Due by May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D ☐ Delete TITLE Lee Burrows ☐ Change Addition NAME **BOHANAN, JOHN** NAME 428 Cardinal Place STREET PORESS 1215 O'DONIEL LOOP NORTH STREET ADDRESS Lakeland, FL 33803 CITY-ST-ZIP LAKELAND, FL 33809 CITY-ST-ZIP Change X Addition TITLE ☐ Delete TITLE Richard Plank HERRING, RONALD NAME NAME 2047 Winterset Drive STREET ADDRESS 2654 HANDLEY BLVD. STREET ADDRESS Lakeland, FL 33813 CITY-ST-ZIP LAKELAND, FL 33803 CITY-ST-ZIP D. 5 N Delete TITLE . Change - Addition GIEGER, MACK NAME NAME STREET ADDRESS 5619 STRATFORD LANE STREET ADDRESS LAKELAND, FL 33813 CITY-ST-ZIP CITY-ST-ZIP D ☐ Defete TITLE Change Addition LANE, NINA J NAME NAME STREET ADDRESS 1006 SUSAN DRIVE STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 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 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 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 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 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 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 is further certified by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter is called the section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is further certified by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter is called the section 119.07(3)(i), Florida Statutes. I further certified in Section 119.07(3)(i),

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NUM H - D- | WWW H
NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

863-682-4167

Daytime