2005 NOT-FOR-PROFIT CORPORATION * ANNUAL REPORT

FILED Apr 18, 2005 08:00 AM Secretary of State

ANNUAL KEPUKI		Secretary of State	
DOCUMENT # 722237 1. Entity Name THE SOUTHSIDE BAPTIST CHURCH ENDOWMENT FUND, INC.			iciary or state
Principal Place of Business	D STREET] 	TOOM ONTO NOOM CORN TOOM EXPERTED AN ORD
DO NOT WRITE IN THIS SPACE		01102005 No Chg-NP	CR2E037 (10/03)
		FEI Number NOT APPLICABLE Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
G. Name and Address of Current Registered Agent		!	Fee Required
6. Name and Address of Current Registered Agent HERRING, RONALD 2654 HANDLEY BLVD LAKELAND, FL 33803		DO NOT WI	
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. If am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, type or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when refinetaths) DATE			
t mind i do ra do tado		5.00 May Be ded to Fees	
10. OFFICERS AND DIRECTORS			
TITLE D NAME BOHANAN, JOHN STREET ADDRESS 1215 O'DONIEL LOOP NORTH CITY-ST-ZIP LAKELAND, FL 33809		****	
ITILE P NAME HERRING, RONALD STREET ADDRESS 2654 HANDLEY BLVD. CITY-ST-ZIP LAKELAND, FL 33803 TITLE D		0000003 04/18/05-{	310870 30021-011 61.25
STREET ADDRESS 428 CARDINAL PLACE CITY-ST-ZIP LAKELAND, FL 33803		DO NOT W	
NAME LANE, NINA J STREET ADDRESS 1006 SUSAN DRIVE CITY-ST-ZIP LAKELAND, FL 33803		IN THIS SF	ACE
TITLE D MAME PLANK, RICHARD STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813	Manufil producered to 1757 1 1		
NAME	(

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes I further certify that the information indicated on this report or supplemental report is trud 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 of trustee employed 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 arrattachment with anticipating with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4pil 13, 2005 (863) 534-4651