

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90065 026 ****61.25

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**

40074402



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232007 Chg-NP

CR2E037 (12/06)

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. 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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOHANAN, JOHN	
STREET ADDRESS	1215 O'DONIEL LOOP NORTH	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	P	<input type="checkbox"/> Delete
NAME	HERRING, RONALD	
STREET ADDRESS	2654 HANDLEY BLVD.	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURROWS, LEE	
STREET ADDRESS	428 CARDINAL PLACE	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, NINA J	
STREET ADDRESS	1006 SUSAN DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33803	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLANK, RICHARD	
STREET ADDRESS	2047 WINTERSET DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE	Pastor	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pastor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William H. McCabe	
STREET ADDRESS	809 Somerset Drive	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE	Finance Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joshua A. Bresler	
STREET ADDRESS	987 Lake Hollingsworth Drive	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-07