


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2008 8:00 am**  
**Secretary of State**

09-02-2008 90036 001 \*\*\*140.00

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # 722237</b><br>1. Entity Name<br><b>THE SOUTHSIDE BAPTIST CHURCH ENDOWMENT FUND, INC.</b>  |   |   |   |   |  |
| Principal Place of Business<br><b>310 McDONALD STREET<br/>LAKELAND, FL 33803</b>  |   |   | Mailing Address<br><b>310 McDONALD STREET<br/>LAKELAND, FL 33803</b>  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                       |   |  |  |
| City & State<br><br>Zip   |   | City & State<br><br>Zip   |   | Country  |  |
| 4. FEI Number<br><b>NOT APPLICABLE</b>  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>  |   |   |   | <b>\$8.75</b> Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HERRING, RONALD<br/>2654 HANDLEY BLVD<br/>LAKELAND, FL 33803</b>  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |  |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |  |
| <b>Filing Fee is \$61.25<br/>Due by September 12, 2008</b>  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees   |  |
| Make check payable to Florida Department of State   |   |   |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> <b>BRESLER, JOSHUA A</b><br><b>987 LAKE HOLLINGSWORTH DR</b><br><b>LAKELAND, FL 33803</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> <b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> <b>HERRING, RONALD</b><br><b>2654 HANDLEY BLVD.</b><br><b>LAKELAND, FL 33803</b>          | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> <b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> <b>BURROWS, LEE</b><br><b>428 CARDINAL PLACE</b><br><b>LAKELAND, FL 33803</b>             | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> <b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> <b>LANE, NINA J</b><br><b>1006 SUSAN DRIVE</b><br><b>LAKELAND, FL 33803</b>               | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> <b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> <b>PLANK, RICHARD</b><br><b>2047 WINTERSET DRIVE</b><br><b>LAKELAND, FL 33813</b>                    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> <b>MCCABE, WILLIAM H</b><br><b>809 SOMERSET DR</b><br><b>LAKELAND, FL 33813</b>                      | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |   |   |   |  |  |
| <b>SIGNATURE:</b> <u>Ronald A Herring</u>   |   |   | <u>Aug 28, 2008 (863) 682-4167</u>  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   | Date Daytime Phone #  |  |  |