FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737824 (3)

1. Corporation Name

SOUTHSIDE BIBLE CHAPEL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2701 DEAN RD JACKSONVILLE FL 32216-5138 US	2701 DEAN RD JACKSONVILLE FL 32216-5138 US

3. Date Incorporated or Qualified: 01/13/1977
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2524292 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LESTER, GARLAND M
152 TARRASA DRIVE
JACKSONVILLE, FL
32225

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	SD	☑ Change ☐ Addition
NAME	RAWLS, MICHAEL	1.2 NAME		
STREET ADDRESS	12329 MASTIN COVE RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	POWERS, JERRY	2.2 NAME		
STREET ADDRESS	3608 HOVER LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	LESTER, GARLAND	3.2 NAME		
STREET ADDRESS	152 TARRASA DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, MIKE	4.2 NAME		
STREET ADDRESS	3336 WAVERLY DOCK RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	D	☑ Change ☐ Addition
NAME	LESTER, MICHAEL	5.2 NAME		
STREET ADDRESS	4153 W AUTRY AVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	VD	☑ Change ☐ Addition
NAME	EASTON, DAVE	6.2 NAME		
STREET ADDRESS	4318 CHARTER POINT BLVD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: GARLAND M. LESTER — Garland M. Lester 3-9-95 (904) 221-6053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026652

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $130.00	ANNUAL REPORT $61.25 + $68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check [illegible] ...itates Bank to Department of State.)
   Fee is $130.00.

Director addition!

TITLE	D
NAME	JOHNNY ELLIOTT ADDITION
STREET	2114 MANEY DR.
CITY-ST.	JACKSONVILLE, FL

Block 1. Block 1 is preprinted with the corporati... ...reported to our office. The name of corporation cannot be changed by w...

Block 2. Enter the principal place of business if ... ...led, in Block 2.

Block 2a. If the computer-entered mailing addres... ...iptable.

Block 3. Enter the date of incorporation or qualif...

Block 3a. Enter the file date of the last filed annua...

Block 4. Complete Block 4 by entering your Fede... ...is preprinted in Block 4, you must now provide the FEI number. For assista...

Block 5. Should you desire a certificate reflecting ... ...an additional $8.75 with your filing fee.

Block 6. Florida law allows for a voluntary contrib... ...aigns for the offices of the Governor and members of the Cabinet. If you woul...

Block 7. If this corporation is a non-profit corpora... ...check the box. The corporation is not subject to the $68.75 supplementa... ...is must pay the supplemental corporation fee. Please direct all questio...

Block 8. Check the appropriate box. Please direct ...

Block 9. The law requires that each corporation ha... ...the computer entry in Block 9 is incorrect, enter the correct information in Block 10. There is no additional fee to c... ...Agent on this form.

Block 10. Enter name of new Registered Agent and/or new address. This must be a Florida Street address. A P.O. Box or mail service is NOT acceptable for service of process. THE CORPORATION CANNOT BE ITS OWN REGISTERED AGENT but an officer or director can.

Block 11. The new registered agent must indicate familiarity with section 607.0505, Florida Statutes, and acceptance of these obligations and this appointment by completing and signing in Block 11. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different corporation, the person signing must state their position with the corporation. NOTE: Registered agent signature required when reinstating on this form.

Block 12. Block 12 contains the last information on officers/directors reported to our office. Please do not make any marks in block 12, corrections or additions are to be made in block 13. If there is no change in the information, nothing else is required.

Block 13. Block 13 is for changes or additions to the existing Officers/Directors in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* A NON-PROFIT CORPORATION MUST LIST THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. THE LETTER "D" or "T" MUST BE PLACED BY THE NAME OF EACH DIRECTOR. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If there is no street address, enter the mailing address and "N/A".

Block 14. This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.