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Jun 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 738961 (2)

1. Corporation Name

SOUTHSIDE BAPTIST CHURCH OF ST. LUCIE COUNTY, IN C.

Principal Place of Business	Mailing Address
302 E WEATHERBEE RD. FT. PIERCE FL 34982	302 E WEATHERBEE RD. FT. PIERCE FL 34982-7179

3. Date Incorporated or Qualified: 05/06/1977
3a. Date of Last Report: 06/19/1996

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

4. FEI Number: 59-2039248 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

EDWARDS, MARION D.
6001 SPRUCE DR.
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Marion D Edwards 6-02-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDTR	☒ DELETE	1.1 TITLE	Tr	☐ Change ☒ Addition
NAME	HAWLEY, CHARLES		1.2 NAME	GATES, DERRELL A.	
STREET ADDRESS	34932		1.3 STREET ADDRESS	229 GARDEN AVENUE	
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP	FORT PIERCE, FL 34982-3408	
TITLE	TR	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	FOSSETT, JAMES		2.2 NAME		
STREET ADDRESS	4008 GREENWOOD DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP	34982-6151	
TITLE	DTR	☒ DELETE	3.1 TITLE	Tr	☐ Change ☒ Addition
NAME	RICHWINE, DAVID		3.2 NAME	GATES, ROGER L.	
STREET ADDRESS	5609 RAINTREE TRAIL		3.3 STREET ADDRESS	4805 BUCHANAN DRIVE	
CITY-ST-ZIP	FT PIERCE FL		3.4 CITY-ST-ZIP	FORT PIERCE, FL 34982-7109	
TITLE	TR	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OVERCASH, CLAUDE		4.2 NAME		
STREET ADDRESS	5114 PALMETTO DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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.