FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

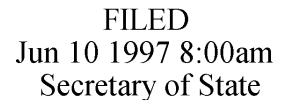
738961

(2)

SOUTHSIDE BAPTIST CHURCH OF ST. LUCIE COUNTY, IN

Principal Place of Business

Mailing Address





302 E WEATHERBEE RD. FT. PIERCE FL 34962		302 E WEATHERBEE RD. FT. PIERCE FL 34982-717	302 E WEATHERBEE RD. FT. PIERCE FL 34982-7179					
					3. Date Incorporated or Qualified 05/06/1977	3a. Date of Last F 06/19/19		
2. Principal Pl	ace of Business	2a. Mailing Address	2s. Mailing Address		4. FEI Number	l Ai	oplied For	
21		26			59-2039248		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5 0 10 1 (6) 5	□ \$8.75	Additional	
22		27			5. Certificate of Status Desired	Fee Fi	equired	
City & State		City & State	,		6. Election Campaign Financing	\$5.00	May Be	
23		28	28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation has liability for in	ntangible tax under s	. 199.032	
24	25	29	30					
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			81	Name			Į.	
EDWAR	DS, MARION D.		62 Street Add		ddress (P.O. Box Number is Not Acceptable)			
	PRÚCE DR.							
FT. PIEF	RCE FL 34982		83	3				
			84	City		85 Zip	Code	
				′		FL i		
11. Pursuant t	to the provisions of Sections 617.05	02 and 677.1508, Florida Statut	tes, the above	e-named	corporation submits this statement for the pr	urpose of changing I	ts registered	
11. Pursuant to the provisions of Sections 617.0502 and 677.1508, 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 object of, Section 617.0503, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
SIGNATORE _	Signature, typed or printed name of registered ac		E: Registered Ag	gent signature				
12.			13.	<u></u>	ADDITIONS/CHANGES TO OFFIC			
TITLE	VDTR	X DELETE	1.1 TITLE	1	Tr	☐ Change	K Addition	
NAME	HAWLEY, CHARLES		1.2 NAME		GATES, DERRELL A.			
STREET ADDRESS	34932		1.3 STREE	T ADDRESS	229 GARDEN AVENUE		ļ.	
CITY-ST-ZIP	FT. PIERCE FL			ST-ZIP	FORT PIERCE, FL 34982	<u>-3408</u>		
TITLE	TR	DELETE 2.1 TI				Change	Addition C	
NAME	FOSSETT, JAMES	2.2 M						
STREET ADDRESS			2.3 STREE	.3 STREET ADDRESS			-	
CITY-ST-ZIP	FT. PIERCE FL			-ST-ZIP	34982 -61 51			
TITLE	DTR	DELETE 3.1 TI			Tr	Change	XI Addition	
NAME.	RICHWINE, DAVID	3.2 N			GATES, ROGER L.			
STREET ADDRESS	5609 RAINTREE TRAIL	3.3 \$		T ADDRESS	AROS RIICHANAN DOTUE			
CITY-ST-ZIP	FT PIERCE FL			- ST - ZIP	FORT PIERCE, FL 34982	-7109		
TITLE	TR	X DELETE 4.1				Change	Addition	
NAME	OVERCASH, CLAUDE		4. 2 NAM	Ε				
STREET ADDRESS	5114 PALMETTO DRIVE		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	FT PIERCE FL		4.4 CITY -	ST-ZIP		—		
TITLE		DELETE 5.1 TI				☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS			1	
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS				
CITY-ST-ZIP			6.4 CITY-	ST - ZIP				

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 of vustee 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 algorithm with an address.