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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **738961**

1. Corporation Name
SOUTHSIDE BAPTIST CHURCH OF ST. LUCIE COUNTY, INC.

356278 - 90038 - 4

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/06/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2039248 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, JOHN E
5501 PALM DRIVE
FORT PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: JEFF MC LEOD
82 Street Address (P.O. Box Number is Not Acceptable): 1702 SE TIFFANY CLUB PLACE
83
84 City: PORT ST LUCIE FL 85 Zip Code: 34952

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: JEFF MC LEOD — REV. JEFF McLEOD (ASSO PASTOR) — 4-15-99
Signature, type 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	TR	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GATES, DERRELL A.		1.2 NAME		
STREET ADDRESS	229 GARDEN AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ 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		
TITLE	TR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GATES, ROGER L		3.2 NAME		
STREET ADDRESS	4805 BUCHANAN DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		3.4 CITY-ST-ZIP		
TITLE	RT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STARN, CHARLES		4.2 NAME		
STREET ADDRESS	4059 GATOR TRACE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL 34982		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		

14. I 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, with all other like empowered.

SIGNATURE: JEFF MC LEOD SIGNATURE REQUIRED — 4-15-99 — (561)461-4722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR2E037 (11/98)