2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 25, 2001 8:00 am
Secretary of State
04-23-2001 90132 016 ****61.25

DOCUMENT # 738961

1. Entity Name

SOUTHSIDE BAPTIST CHURCH OF ST. LUCIE COUNTY, IN

- 47189

DO NOT WRITE IN THIS SPACE

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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PASTOR MCLEOD, JEFF 5501 PALM DR FORT PIERCE FL 34982	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE GATES, DERRELL A. 229 GARDEN AVE FT. PIERCE FL 34982	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE FOSSETT, JAMES 4008 GREENWOOD DRIVE FT. PIERCE FL 34982	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRUSTEE GATES, ROGER L 4805 BUCHANAN DR FT PIERCE FL 34982	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] STARN, CHARLES 4059 GATOR TRACE ROAD FORT PIERCE FL 34982	☒ Delete	William T. MEDFORD, JR. TRUSTEE 5006 ELM AVENUE FORT PIERCE, FL 34982	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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.

SIGNATURE: SIGNATURE REQUIRED 04-12-01 (561) 461-4722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #