

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90346 016 ****61.25

DOCUMENT # 738961

1. Entity 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**

00131637

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2039248

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEOD, JEFF
~~5501 PALM DR~~ **2629 RAINBOW DRIVE**
~~FORT PIERCE FL 34982~~ **34981**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

07-10-02

**After September 13, 2002,
 min. will be \$236.25.**

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 ☐ Delete
 NAME **TR**
 STREET ADDRESS **GATES, DERRELL A.**
 CITY-ST-ZIP **229 GARDEN AVE 34982**
FT. PIERCE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **FOSSETT, JAMES**
 CITY-ST-ZIP **4008 GREENWOOD DRIVE 34982**
FT. PIERCE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **TR**
 STREET ADDRESS **GATES, ROGER L**
 CITY-ST-ZIP **4805 BUCHANAN DR 34982**
FT PIERCE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME ~~**RT**~~
 STREET ADDRESS ~~**STARN, CHARLES**~~
 CITY-ST-ZIP ~~**4050 GATOR TRACE ROAD**~~
~~**FORT PIERCE FL 34982**~~

TITLE ☒ Change ☐ Addition
 NAME **Bill MEDFORD**
 STREET ADDRESS **5006 ELM AVENUE**
 CITY-ST-ZIP **FORT PIERCE, FL 34982**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

07-10-02 (772) 461-4722

CR2E037 (4/02)