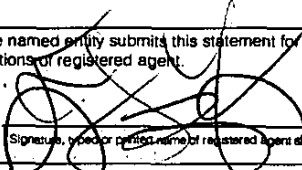
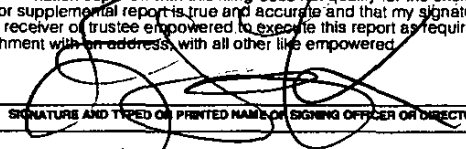


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90051 028 ****61.25

DOCUMENT # 738961 1. Entity Name SOUTHSIDE BAPTIST CHURCH OF ST. LUCIE COUNTY, INC.					
Principal Place of Business 302 E WEATHERBEE RD. FT. PIERCE, FL 34982			Mailing Address 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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FREDRYK, EDWARD J 3205 LIVE OAK LANE FORT PIERCE, FL 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  DATE 1/11/05 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering))					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HARDEN, RANDY 332 BAY SINGER AVE FORT PIERCE, FL 34982	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOSSETT, JAMES 4008 GREENWOOD DRIVE FORT PIERCE, FL 34982	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GATES, ROGER L 4805 BUCHANAN DR FORT PIERCE, FL 34982	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RT MEDFORD, BILL 5006 ELM AVE. FORT PIERCE, FL 34982	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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:  DATE 1/11/05 DAYTIME PHONE #		