

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749125

FILED  
Jan 05, 2005  
Secretary of State

**Entity Name:** SOUTHSIDE BAPTIST CHURCH OF SUN CITY, INC.

**Current Principal Place of Business:**

4208 US 41 SOUTH  
P O BOX 7159  
SUN CITY, FL 33586

**New Principal Place of Business:**

4208 US 41 SOUTH  
SUN CITY, FL 33586

**Current Mailing Address:**

4208 US 41 SOUTH  
P O BOX 7159  
SUN CITY, FL 33586

**New Mailing Address:**

P.O. BOX 7159  
SUN CITY, FL 33586

**FEI Number:** 59-2208561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEREFORD, WILLIAM  
3623 GAVIOTA  
RUSKIN, FL 33573 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HEREFORD, WILLIAM  
Address: 3623 GAVIOTA  
City-St-Zip: RUSKIN, FL 33573

Title: SD ( ) Delete  
Name: WALL, VEL  
Address: 3525 SHELL POINT RD. W.  
City-St-Zip: RUSKIN, FL

Title: TD ( ) Delete  
Name: WILLIAM, MORAN  
Address: 4120 OLD HIGHWAY 41  
City-St-Zip: SUN CITY, FL 33586

Title: VD ( ) Delete  
Name: TIBERIO, ROBERT D  
Address: 109 COLLEGE AVE  
City-St-Zip: RUSKIN, FL 33570

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: KNEPPER, CLIFFORD G  
Address: 705 BEL AIR  
City-St-Zip: SUN CITY CENTER, FL 33573

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HEREFORD

PD

01/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date