2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 749125

1. Entity Name
SOUTHSIDE BAPTIST CHURCH OF SUN CITY, INC.

Principal Place of Business	Mailing Address
4208 US 41 SOUTH SUN CITY, FL 33586	P.O. BOX 7159 SUN CITY, FL 33586

DO NOT WRITE IN THIS SPACE

01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2208561
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEREFORD, WILLIAM
3623 GAVIOTA
RUSKIN, FL 33573

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001447788
03/08/06-80072-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HEREFORD, WILLIAM
STREET ADDRESS	3623 GAVIOTA
CITY-ST-ZIP	RUSKIN, FL 33573
TITLE	SD
NAME	WALL, VEL
STREET ADDRESS	3525 SHELL POINT RD. W.
CITY-ST-ZIP	RUSKIN, FL
TITLE	TD
NAME	WILLIAM, MORAN
STREET ADDRESS	4120 OLD HIGWAY 41
CITY-ST-ZIP	SUN CITY, FL 33586
TITLE	VD
NAME	KNEPPER, CLIFFORD G
STREET ADDRESS	705 BEL AIR
CITY-ST-ZIP	SUN CITY CENTER, FL 33573
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1-22-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #