

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90045 001 ****61.25

DOCUMENT # 751778

1. Entity Name

**SOUTHSIDE BAPTIST CHURCH OF LAKE CITY,
FLORIDA, INCORPORATED**



Principal Place of Business

**388 S.E. BAYA DR.
LAKE CITY FL 32025**

Mailing Address

**388 S.E. BAYA DR.
LAKE CITY FL 32025**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number
59-1516785

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

**WARD, BAYNARD
832 SW EL PRADO AVE
LAKE CITY FL 32025**

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]

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

(NOTE: Registered Agent signature is not required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 | TRUSTEE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROCKER, JOE | |
| STREET ADDRESS | RT 22 BOX 9088 | |
| CITY- ST- ZIP | LAKE CITY FL 32024 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WALSMITH, LAURA | |
| STREET ADDRESS | RT 22 BOX 2405 | |
| CITY- ST- ZIP | LAKE CITY FL 32024 | |
| TITLE | DEA | <input type="checkbox"/> Delete |
| NAME | COCHRAN, BILL | |
| STREET ADDRESS | 172 SE CREST GLEN | |
| CITY- ST- ZIP | LAKE CITY FL 32024 | |
| TITLE | COF | <input type="checkbox"/> Delete |
| NAME | MILTON, HENRY | |
| STREET ADDRESS | 441 SW MIRADE CT | |
| CITY- ST- ZIP | LAKE CITY FL 32024 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY- ST- ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY- ST- ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-08

386-755-0437