## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Apr 23, 2007 8:00 am Secretary of State DOCUMENT # N0000004388 1. Entity Name 04-23-2007 90069 047 \*\*\*\*61.25 SOUTHSIDE BAPTIST CHURCH OF PERRY, FLORIDA, Principal Place of Business Mailing Address **673 PLANTATION ROAD** 673 PLANTATION ROAD **PERRY FL 32348** PERRY FL 32348 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suito, Apt. #, etc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Number 59-0947547 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMONS, CURTIS 2673 US HWY 27 EAST Street Address (P.O. Box Number is Not Acceptable) PERRY FL 32348-0374 City 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 riarne of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Delete TIME ☐ Change ☐ Addition TITLE SIMONS, CURTIS NAME NAME STREET ADORESS STREET ADDRESS 2973 US 27 EAST CITY - ST - ZIP PERRY FL 32347 CITY-S1-ZIP Delele TITLE TITLE ☐ Change ☐ Addition D NAME. NAMI SCOTT, LISA STREET ADDRESS STREET ADDRESS SID HENDRY GRADE CITY-ST-ZtP PERRY FL 32348-0544 CITY-ST-7IP lifité \_\_\_\_ Change \_\_\_ Addition IIIL NAME MAULDIN, DEWEY - deceased NAMI STREET ADDRESS STREET ADDRESS 140 E. CENTER STREET CHY-ST-7IP CITY-ST-7IP PERRY FL 32348 Change Addition TITLE ☐ Delete HILLE Richard Walker NAME NAME 5683 Beach Rd. STREET ADDRESS STREET ADDRESS Perry, F1 32348 CITY-ST-ZIP CITY-ST ZIP ☐ Change шц ☐ Delete ши ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP Detete □ Change Addition THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - 7IP 12. I hereby cortify that the information supplied with this filling 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 eath; 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.

**FILED** 

4/12/07