

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 18, 2006**  
**Secretary of State**

DOCUMENT# N03000008955

**Entity Name:** SOUTHSIDE BAPTIST CHURCH OF TAMPA, INC.**Current Principal Place of Business:**3911 W. BAY AVE.  
TAMPA, FL 33616 US**New Principal Place of Business:****Current Mailing Address:**3911 W. BAY AVE.  
TAMPA, FL 33616 US**New Mailing Address:****FEI Number:** 73-1683527**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**NANCE, KERRY M  
3911 W. BAY AVE.  
TAMPA, FL 33616 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: P ( ) Delete  
Name: NANCE, KERRY M  
Address: 3911 W. BAY AVE.  
City-St-Zip: TAMPA, FL 33616 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: TR ( ) Change (X) Addition  
Name: NEADS, KEN  
Address: 4001 SANTIAGO ST.  
City-St-Zip: TAMPA, FL 336289 US

Title: TR ( ) Change (X) Addition  
Name: YOUNG, DAVE  
Address: 4103 NORMA AVE.  
City-St-Zip: TAMPA, FL 33611 US

Title: TR ( ) Change (X) Addition  
Name: TORRENS, BRUCE  
Address: 7901 COPELAND RD.  
City-St-Zip: ODESSA, FL 33556 US

Title: D ( ) Change (X) Addition  
Name: RIFFE, DAVE  
Address: 11431 FAITH CIRCLE  
City-St-Zip: TAMPA, FL 33625 US

Title: D ( ) Change (X) Addition  
Name: HAYES, EARL  
Address: 3307 W. BALLAST POINT BLVD.  
City-St-Zip: TAMPA, FL 33611 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KERRY M NANCE

P

04/18/2006

Electronic Signature of Signing Officer or Director

Date