

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011683

FILED
Mar 16, 2009
Secretary of State

Entity Name: SOUTH SIDE CHURCH OF CHRIST, INC.

Current Principal Place of Business:

13641 LEARNING CT
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

13641 LEARNING CT
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 56-2621111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREVES, CHARLES
13641 LEARNING CT
FT MYERS, FL 33919 US

Name and Address of New Registered Agent:

COLLIER, HENLY
13641 LEARNING CT
FT MYERS, FL 33919 US

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: HENLY COLLIER

03/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GREVES, CHARLES
Address: 13641 LEARNING CT
City-St-Zip: FT MYERS, FL 33919

Title: DV () Delete
Name: HUNT, CHARLES
Address: 13641 LEARNING CT
City-St-Zip: FT MYERS, FL 33919

Title: DS () Delete
Name: SCHMIDT, DAVID
Address: 13641 LEARNING CT
City-St-Zip: FT MYERS, FL 33919

Title: DT () Delete
Name: COLLIER, HENLY
Address: 13641 LEARNING CT
City-St-Zip: FT MYERS, FL 33919

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

I hereby certify that the information supplied with this filing does not qualify 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: HENLY COLLIER

DT

03/16/2009

Electronic Signature of Signing Officer or Director

Date