

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N10560**

1. Entity Name  
SOUTHSIDE BAPTIST CHURCH OF LAKE LAND, INC.



Principal Place of Business  
310 MCDONALD  
LAKE LAND, FL 33803

Mailing Address  
310 MCDONALD  
LAKE LAND, FL 33803



01102005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0865846

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HERRING, RONALD  
2654 HANDLEY BLVD  
LAKE LAND, FL 33803

**DO NOT WRITE  
IN THIS SPACE**

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BOHANNAN, JOHN  
STREET ADDRESS 1215 O'DONIEL LOOP NORTH  
CITY-ST-ZIP LAKE LAND, FL 33809

TITLE D  
NAME LANE, NINA J  
STREET ADDRESS 1006 SUSAN DRIVE  
CITY-ST-ZIP LAKE LAND, FL 33803

TITLE TR  
NAME HERRING, RONALD  
STREET ADDRESS 2654 HANDLEY BLVD  
CITY-ST-ZIP LAKE LAND, FL

TITLE D  
NAME BURROWS, LEE  
STREET ADDRESS 428 CARDINAL PLACE  
CITY-ST-ZIP LAKE LAND, FL 33803

TITLE D  
NAME PLANK, RICHARD  
STREET ADDRESS 2047 WINTERSET DRIVE  
CITY-ST-ZIP LAKE LAND, FL 33813

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000310873  
04/18/05-80021-012 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 2005 (863) 534-4650  
Date Daytime Phone #