2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

famer T. Kainer

DOCUMENT # N24588 1. Entity Name							Feb 02, 2004 08:00 AM Secretary of State			
SOUTHS	IDE BAPT	IST CHURCH OF	PALATK	CA, INC.				v		
Principal Place of Business			Mailin	Mailing Address			-			
	S T. GAINER IN'S LANDII FL 32177	2920	C/O JAMES T. GAINER 2920 BROWN'S LANDING PALATKA FL 32177				## #### ##############################	1 8 11 8 1811 8 1811 8 18	######################################	
2. Principal F	Place of Busin	3. Mailing Address								
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.			,	MOORE CR2E03	7 (11/03)		
City & State			Cil	y & State			4. FEI Number	59-2548619		plied For t Applicable
Zip	Country			Zip		intry	5. Certificate of		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name				
292	MES T N'S LANDING				Street Address (P.O. Box Number is Not Acceptable)					
PALATKA FL 32177						City		FL	Zip Code)
	tions of regist	ered agent.	No	may.		ded office of registe ded office of registe d Agent signature require	-	n the State of Florida. I am	r	and accept
FILE NOW: FEE IS \$61.25 Due By May 1, 2004 Fightance, typed or printed name of regretered agent and title it applicable (NOTE, Register P. Election Campaign Trust Fund Contribu						inancing	\$5.00 May Be Added to Fees	Make Check Fiorida Depar		
10.		OFFICERS AND D	IRECTORS		11.		ADDITIONS/CHAN	GES TO OFFICERS AND DI	ECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALATKA FL 32177					E EET ADDRESS -ST-ZIP	U00000025385 02/02/04-80102-020 61.25			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BACON, FRED 2920 BROWN'S LANDING PALATKA FL 32177			☐ Delete		{			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALATKA	WN'S LANDING		☐ Defete		3			☐ Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP	PALATKA	VN'S LANDING	11-	☐ Delete	4				☐ Change	Addition
title name street address city-st-zip	PINNER, C 2920 BROV PALATKA	VN'S LANDING		☐ Delete	1	3			Change	Addition
TITLE NAME STREET ADDRESS CITY - ST-ZIP				☐ Delete	4	}			☐ Change	☐ Addition
indicated of the cor	t on this repor	e information supplied wit t or supplemental report re receiver or trustee emp achment with an address,	is true and powered to	accurate and that report	ny signa as requi	mption stated in S ture shall have the red by Chapter 61	ection 119.07(3)(i), l same legal effect a 7, Florida Statutes; a	Porida Statutes, I further cer s if made under oath; that I a and that my name appears in	tify that the in am an officer n Block 10 or	lformation or director Block 11 if

FILED

1-22-04