FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Mar 31, 2002 8:00 am Secretary of State **DOCUMENT # N40791** 1. Entity Name SOUTHSIDE BAPTIST CHURCH OF FORT LAUDERDALE, INC 03-31-2002 90357 006 ****70.00 Principal Place of Business Mailing Address 720 S.W. 4TH AVE. 720 S.W. 4TH AVE. FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0331854 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PICCIN, RICHARD Street Address (P.O. Box Number is Not Acceptable) PICCIN, RICHARD 720 S.W. 4TH AVE. FT. LAUDERDALE FL 33315 City FT LAUDERDALE 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. AUDERDALE, FL. 33315 SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change (9/01 STD ☐ Delete TITLE TITLE GUNN, GERALDI 4710 NE 3RD AVE NAME GUNN, GERALDINE NAME STREET ADDRESS STREET ADDRESS **4710 NE 3RD AVE** CITY-ST-ZIP FT LAUDERDARE FL 33334 CITY-ST-ZIP TITLE HOLT, MARIE 13760 E. PALOMINO DR. HOLT, MARIE STREET ADDRESS 13760 E. PALOMINO DR STREET ADDRESS LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE \mathcal{D} PICCIN, RICHARD ERR PICCIN, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 5120 N.W. 76TH TERR AUDERHILL FL CITY-ST-ZIP CITY-ST-ZIE Lauderhill fl TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

pter 617, Florida StatutiVE GERALDINE 4710 N.E.

@Marchan 63-2347