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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N92000000100 (9)

1. Corporation Name

SOUTHSIDE COMMERCE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 6241  
TALLAHASSEE FL 32314

P.O. BOX 6241  
TALLAHASSEE FL 32314-6241

3. Date Incorporated or Qualified  
11/03/1992

3a. Date of Last Report  
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENSON, ALBERT C  
701 E TENNESSEE ST  
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME WILLIAMS, KIM B.  
STREET ADDRESS 222 E. PERSHING ST.  
CITY-ST-ZIP TALLAHASSEE FL

TITLE VD ☐ DELETE

NAME SHEFFIELD, ELMER JR  
STREET ADDRESS 2203 S ADAMS ST  
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD ☐ DELETE

NAME FURNISH, SUSAN S  
STREET ADDRESS 2203 S ADAMS ST  
CITY-ST-ZIP TALLAHASSEE FL

TITLE TD ☐ DELETE

NAME MOULTON, ELIZABETH R  
STREET ADDRESS 1430 S. MONROE ST  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME HARVEY, LEE  
STREET ADDRESS 2110 S. ADAMS STREET  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elizabeth R. Moulton* *Elizabeth R. Moulton* 3/14/97 (904) 222-8804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-222-8804

CR2E037 (9/96)