


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified	11/03/1992
4. FEI Number	59-3142085
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
PENSON, ALBERT C 701 E TENNESSEE ST TALLAHASSEE FL 32308	

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT/DIRECTOR
NAME	WILLIAMS, KIM B.	1.2 NAME	THOMAS, TEC
STREET ADDRESS	222 E. PERSHING ST.	1.3 STREET ADDRESS	672 W GAINES ST
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	TALLAHASSEE FL 32304
TITLE	VD	2.1 TITLE	VICE PRESIDENT/DIRECTOR
NAME	SHEFFIELD, ELMER JR	2.2 NAME	JETT, BOBBY
STREET ADDRESS	2203 S ADAMS ST	2.3 STREET ADDRESS	1401 S MONROE ST
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	SD	3.1 TITLE	SECRETARY/DIRECTOR
NAME	FURNISH, SUSAN S	3.2 NAME	HENRY, TONI
STREET ADDRESS	2203 S ADAMS ST	3.3 STREET ADDRESS	803 LAKE BRADFORD RD
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	TALLAHASSEE FL 32304
TITLE	TD	4.1 TITLE	
NAME	MOULTON, ELIZABETH R	4.2 NAME	
STREET ADDRESS	1430 S. MONROE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HARVEY, LEE	5.2 NAME	
STREET ADDRESS	2110 S. ADAMS STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	THOMAS, TEC	
1.3 STREET ADDRESS	672 W GAINES ST	
1.4 CITY-ST-ZIP	TALLAHASSEE FL 32304	
2.1 TITLE	VICE PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JETT, BOBBY	
2.3 STREET ADDRESS	1401 S MONROE ST	
2.4 CITY-ST-ZIP	TALLAHASSEE FL 32301	
3.1 TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HENRY, TONI	
3.3 STREET ADDRESS	803 LAKE BRADFORD RD	
3.4 CITY-ST-ZIP	TALLAHASSEE FL 32304	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *Elmer B. Sheffield* *Elizabeth R. Moulton* *Lee Harvey* *(407) 222-8044*

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