

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90054 038 \*\*\*\*61.25

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DOCUMENT # N92000000100

1. Corporation Name

SOUTHSIDE COMMERCE ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 6241  
TALLAHASSEE FL 32314

Mailing Address

P.O. BOX 6241  
TALLAHASSEE FL 32314



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/03/1992

4. FEI Number

59-3142085

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, TEC	
STREET ADDRESS	672 W GAINES STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JETT, BOBBY	
STREET ADDRESS	1401 S MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HENRY, TONI	
STREET ADDRESS	803 LAKE BRADFORD RD	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOULTON, ELIZABETH R	
STREET ADDRESS	1430 S. MONROE ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARVEY, LEE	
STREET ADDRESS	2110 S. ADAMS STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pumphrey, Charles	
1.3 STREET ADDRESS	3704 Crawfordville HWY	
1.4 CITY-ST-ZIP	Tallahassee FL 32301	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Daughtry, Thomas	
2.3 STREET ADDRESS	4706 Capital Circle SW	
2.4 CITY-ST-ZIP	Tallahassee FL 32310	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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, with all other like empowered.

SIGNATURE:

*Elizabeth R Moulton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

(850) 222-8804  
Daytime Phone #

CR2E037 (11/98)