

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

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90399 031 ****61.25

DOCUMENT # N92000000100

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3142085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENSON, ALBERT C
701 E TENNESSEE ST
TALLAHASSEE FL 32308

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BOZIK, MOYNARD L ☐ Delete
STREET ADDRESS 1320 S. MONROE ST.
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE PD ☒ Change ☐ Addition
NAME Doug Gove
STREET ADDRESS 4238 Woodville Hwy
CITY-ST-ZIP Tallahassee FL 32305

TITLE VD ☐ Delete
NAME THOMAS, TEE
STREET ADDRESS 671 W. GAINES ST.
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE VD ☒ Change ☐ Addition
NAME Paul Cenedella
STREET ADDRESS 2613 S Monroe St
CITY-ST-ZIP Tallahassee FL 32301

TITLE STD ☐ Delete
NAME MOULTON, ELIZABETH R
STREET ADDRESS 1430 S. MONROE ST
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILLIAMS, KIM
STREET ADDRESS 215 E PERSHING STREET
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCGRATH, NANCY
STREET ADDRESS 234 E PERSHING STREET
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BECKEY, RON
STREET ADDRESS 441 PAUL RUSSELL ROAD
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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.

SIGNATURE: *Elizabeth R Moulton* **Elizabeth R Moulton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/04

Date

850-309-0497

Daytime Phone #