2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005
Secretary of State

DOCUMENT# N92000000100

Entity Name: SOUTHSIDE COMMERCE ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 6241
TALLAHASSEE, FL 32314

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6241
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 59-3142085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PENSON, ALBERT C
701 E TENNESSEE ST
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GOVE, DOUG
Address: 4235 WOODVILLE HWY.
City-St-Zip: TALLAHASSEE, FL 32305

Title: VD ( ) Delete
Name: CENDELLA, PAUL
Address: 2613 S MONROE ST.
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD ( ) Delete
Name: MOULTON, ELIZABETH R
Address: 1430 S. MONROE ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: WILLIAMS, KIM
Address: 215 E PERSHING STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: MCGRATH, NANCY
Address: 234 E PERSHING STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: BECKEY, RON
Address: 441 PAUL RUSSELL ROAD
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH R. MOULTON STD 09/08/2005

Electronic Signature of Signing Officer or Director — Date