## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000004691

FILED Apr 15, 2009 Secretary of State

Entity Name: THE SOUTHSIDE SCHOOL FOUNDATION, INC.

urrent P	rincipal Place	of Business:	New Principal Plac	e or business:
901 WEE	BBER ST.			
ARASO1	ΓA, FL 34239	US		
urrent N	lailing Addres	ss:	New Mailing Addre	ss:
	BBER ST. FA, FL 34239	US		
El Number	: 65-0442311	FEI Number Applied For ( )	FEI Number Not Applicable()	Certificate of Status Desired ( )
lame and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
OWMAN 800 SEC ARASO1	I, ALICE OND ST, SUIT ΓΑ, FL 34236	E 971 US		
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
	e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
the Stat	e of Florida. RE:	submits this statement for the particles of Registered Ag		red office or registered agent, or both,  Date
the Stat	e of Florida. RE:	nic Signature of Registered Ag	ent	
the Stat	e of Florida.  RE: Electron  S AND DIREC	nic Signature of Registered Ag TORS: Delete ON ST	ent	Date
the State IGNATU  FFICER  ttle: ame: ddress: tty-St-Zip: ttle: ame: ddress:	e of Florida.  RE: Electron  S AND DIREC  VPD () MARKS, SHAR( 1901 WEBBER SARASOTA, FL	TORS: Delete ON 34239 Delete CE ST, SUITE 971	ent  ADDITIONS/CHANG  Title:  Name:  Address:	Date  GES TO OFFICERS AND DIRECTOR
the State IGNATU FFICER tte: ame: ddress:	e of Florida.  RE: Electron  S AND DIREC  VPD () MARKS, SHARG 1901 WEBBER SARASOTA, FL  PD () BOWMAN, ALIG 1800 SECOND SARASOTA, FL	nic Signature of Registered Agr TORS:  Delete ON ST . 34239  Delete CE ST, SUITE 971 . 34236  Delete S DR	ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTOR  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES DEVITT TD 04/15/2009