2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002851

FILED Apr 30, 2006 Secretary of State

Entity Name: SOUTHSIDE CHRISTIAN CHURCH OF ORLANDO, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 2500 TAFT VINELAND ROAD ORLANDO, FL 32824 **Current Mailing Address: New Mailing Address:** P O BOX 770339 ORLANDO, FL 32877 US FEI Number: 59-3254709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BUNDY, LYLE 6404 SHORLINE COURT ST CLOUD, FL 34771 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LONG, STEVE Name: Name: 860 DOLPHIN AVE Address: Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MELLO, PAMELA Name: Address: 5441 PITCH PINE DRIVE Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: (X) Change () Addition FUNK, KENNY Name: LAWTON, MARVIN Name: 1518 BETH ANN COURT 1547 AVLEIGH CIRCLE Address: Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: ORLANDO, FL 32824 () Delete Title: DV Title: () Change () Addition Name: PATTERSON, L. RANDEL Name: Address: 14212 GLENHURST WAY Address: City-St-Zip: ORLANDO, FL 32837 City-St-Zip: Title: () Delete Title: () Change (X) Addition JACOB, TRAVIS Name: Name: 14043 OSPREY LINKS RD, #392 Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32837 Title: () Delete Title: () Change (X) Addition ALLCORN, TERRY Name: Name: Address: Address: 4709 PINE LAKE DRIVE ST CLOUD, FL 34769 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAMELA MELLO T 04/30/2006