

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004189

1. Entity Name

SOUTHSIDE BAPTIST CHURCH OF ARCADIA, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90006 039 ****61.25

Principal Place of Business

1226 S. ARCADIA AVE.
ARCADIA FL 34266

Mailing Address

P.O. BOX 1155
NOCATEE FL 34268

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONNELL, GENE
2462 SOUTH WEST LOIS AVENUE
ARCADIA FL 33821

7. Name and Address of New Registered Agent

Name

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

8266 SOUTH EAST HWY 31
ARCADIA, FL

City

FL

Zip Code

34266

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.

SIGNATURE LARRY Liedke

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
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME COKER, JERRY
STREET ADDRESS 524 GLORY AVE.
CITY-ST-ZIP ARCADIA FL

TITLE VPD ☒ Delete
NAME CONNELL, GENE
STREET ADDRESS 2462 S.W. LOIS AVE.
CITY-ST-ZIP ARCADIA FL 34266

TITLE SD ☒ Delete
NAME CONNELL, STEPHANIE
STREET ADDRESS 2433 SW LOIS AVE
CITY-ST-ZIP ARCADIA FL 34266

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PLD ☒ Change ☐ Addition
NAME Liedke, LARRY
STREET ADDRESS 8266 S.E. HWY. 31
CITY-ST-ZIP ARCADIA, FL. 34266

TITLE VPD ☒ Change ☐ Addition
NAME Liedke, Leah
STREET ADDRESS 8266 S.E. HWY. 31
CITY-ST-ZIP ARCADIA, FL. 34266

TITLE S/D ☒ Change ☐ Addition
NAME SOUTHWALL, SHARON
STREET ADDRESS 1572 S.W. SKATES ST.
CITY-ST-ZIP ARCADIA, FL. 34266

TITLE C/D ☒ Change ☐ Addition
NAME HUNT, PHILLIP
STREET ADDRESS 714 O'HARA DR.
CITY-ST-ZIP ARCADIA, FL. 34266

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

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:

LARRY Liedke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-2000
Date

863-993-4197
Daytime Phone #

CR2E037 (5/00)