2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000000830

1. Entity Name

SOUTHWIDE BAPTIST CHURCH, INC.



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

WALKER, MURRAY 107 PLATT RD

1307 COUNTY HIGHWAY 278 DEFUNIAK SPRINGS, FL 32435 Mailing Address

1307 COUNTY HIGHWAY 278 DEFUNIAK SPRINGS, FL 32435



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04172008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2409942

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE

DO NOT WRITE IN THIS SPACE

DEFUNIAR	EFUNIAK SPRINGS, FL 32435			IN THIS SPACE					
3. 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_				required when reinstating)	DATE				
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financ Trust Fund Contribution.	gnic	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECTORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR BRANNON, JIMMY 1531 CO. HWY 278. DEFUNIAK SPRINGS, FL 32435 TTR				U00000931913 05/22/08-80032-022 61.25				
NAME STREET ADDRESS CITY-ST-ZIP	LAWRENCE, VERONICE 675 SPRING LAKE RD DEFUNIAK SPRINGS, FL 32433								
TITLE Name Street address City-St-Zip	TTR WALKER, MURRY 107 PLATT ROAD DEFUNIAK SPRINGS, FL 32435			DO	NOT WRITE				
TITLE Name Street address City-St-Zip	TTR THOMPSON, KENNETH 185 BAY AVE DEFUNIAK SPRINGS, FL 32435			IN	THIS SPACE				
title Name Street address ' City-St-Zip									

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MUNTS WALLS MUR!

MURRY WALISER

4-27-2008

830-892-279.

Daytime Phone #