

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 06, 2001 8:00 am**
Secretary of State

08-06-2001 90005 023 ****61.25

0001001

DOCUMENT # N99000000349

1. Entity Name

SOUTHSIDE FAITH FAMILY COMMUNITY DEVELOPMENT COR

Principal Place of Business

Mailing Address

**4001 CHAIRES CROSS RD
TALLAHASSEE FL 32311****4001 CHAIRES CROSS RD
TALLAHASSEE FL 32311**

DO NOT WRITE IN THIS SPACE

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

59-3545304☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEST, PERRY L
4001 CHAIRES CROSS RD
TALLAHASSEE FL 32311**

Name

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

City

FL

Zip Code

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

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 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D MCMILLAN, HOWARD F 4001 CHAIRES CROSS RD TALLAHASSEE FL 32311	<input type="checkbox"/>		
D MCMILLAN, PHYLLIS C 4001 CHAIRES CROSS RD TALLAHASSEE FL 32311	<input type="checkbox"/>		
D HAYES, FANORIS 1015 SILVER RIDGE DRIVE TALLAHASSEE FL 32311	<input type="checkbox"/>		
D WEST, PERRY 934 COCHRAN DRIVE TALLAHASSEE FL 32301	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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:

Phyllis C McMillan

8/1/01

921-8227

CR2E037 (5/01)