

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N99000000349*

1. Entity Name
Southside Faith Family Community Development Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4001 Chaires Cross Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Zip

32311

Country

Zip

Country

4. FEI Number

59-3545304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Perry L West

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

4001 Chaires Cross Rd

City

Tallahassee

FL

Zip Code

32311

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>Howard F. McMillan</i> <i>4001 Chaires Cross Rd</i> <i>Tallahassee FL 32311</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>Phyllis C. McMillan</i> <i>4001 Chaires Cross Rd</i> <i>Tallahassee FL 32311</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>Fanoris Hayes</i> <i>1015 Silver Ridge Dr.</i> <i>Tallahassee FL 32311</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> <i>Perry West</i> <i>934 Cochran Dr</i> <i>Tallahassee FL 32301</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

9/13/02

671-3038

FILED
02 SEP 17 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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