

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N99000001400</b> 1. Entity Name <b>SOUTHSIDE CHURCH OF CHRIST, SM, INC.</b>						<b>FILED</b>  04 NOV -4 AM 10:54  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>101 WEST KALEY STREET ORLANDO, FL 32806 US</b>				Mailing Address <b>101 WEST KALEY STREET ORLANDO, FL 32806 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>ADAMS, JEROME L 101 WEST KALEY STREET ORLANDO, FL 32806</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>Jerome L. Adams</i> <b>Jerome L. Adams</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<b>10-23-04</b> <small>DATE</small>			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2005, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADAMS, JEROME L 101 WEST KALEY STREET ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400042475534 11/04/04--01045--015 **236.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVIS, WILLIE 101 WEST KALEY STREET ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRUMITY, VICTOR 101 WEST KALEY STREET ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMS, JEROME L 101 WEST KALEY STREET ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, JAMES P 101 WEST KALEY STREET ORLANDO, FL 32806	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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: <i>Jerome Adams</i> <b>Jerome Adams</b>				<b>10/23/04</b> <b>(407) 425 7647</b> <small>Date Daytime Phone #</small>			