

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90060 019 \*\*\*\*61.25

0080796

**DOCUMENT # 701533**

1. Entity Name

**THE SOUTHSIDE PRIMITIVE BAPTIST CHURCH INC.**

Principal Place of Business

Mailing Address

32246-4819  
 JACKSONVILLE FL 32216  
 US

3737 FOREST BLVD.  
 JACKSONVILLE FL 32246-4819  
 US

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

**59-1713932**

Applied For

Not Applicable

5. 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

JOINER, EMILY T.  
 3235 OVERHILL DRIVE  
 JACKSONVILLE FL 32277

**E.G. POOLE**  
**110 BROOKVIEW DR. N.**  
**JACKSONVILLE FLA.**  
**32225**

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 **E.G. POOLE DECON**

**E.G. Poole**

**2/25/02**

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**

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 **D** ☐ Delete  
 NAME **POOLE, E.G.**  
 STREET ADDRESS **110 BROOKVIEW DR. N**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **POOLE E.G.** ☐ Change ☐ Addition  
 NAME **110 BROOKVIEW DR. N.**  
 STREET ADDRESS **JACKSONVILLE FLA.**  
 CITY-ST-ZIP

TITLE **DT** ☐ Delete  
 NAME **JOINER, EMILY T**  
 STREET ADDRESS **3235 OVERHILL DRIVE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **JOINER EMILY T.** ☐ Change ☐ Addition  
 NAME **11207 LAKEVIEW DR.**  
 STREET ADDRESS **VALDOSTA GA. 31602**  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **WRIGHT, MCKINLEY**  
 STREET ADDRESS **2025 VAN SICKLE RD.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **STEPHEN M. BANGLE** ☐ Change ☒ Addition  
 NAME **8205 ALTON AVE.**  
 STREET ADDRESS **JACKSONVILLE FLA.**  
 CITY-ST-ZIP **32211**

TITLE **POD** ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/02**

Date

Daytime Phone #

CR2E037 (9/01)