

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90056 022 \*\*\*\*70.00

<b>DOCUMENT # 701533</b> 1. Entity Name <b>THE SOUTHSIDE PRIMITIVE BAPTIST CHURCH INC.</b>			
Principal Place of Business <b>32246-4819</b> <b>JACKSONVILLE, FL 32216 US</b>		Mailing Address <b>3737 FOREST BLVD.</b> <b>JACKSONVILLE, FL 32246-4819 US</b>	
2. Principal Place of Business <b>3737 FOREST BLVD.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 54006</b> Suite, Apt. #, etc.	
City & State <b>JACKSONVILLE, FLORIDA</b> Zip Country <b>32246 U.S.</b>		City & State <b>JACKSONVILLE, FLORIDA</b> Zip Country <b>32245 U.S.</b>	
4. FEI Number <b>59-1713932</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>POOLE, EG</b> <b>110 BROOKVIEW DR N</b> <b>JACKSONVILLE, FL 32225</b>		7. Name and Address of New Registered Agent Name <b>STEPHEN M. LANGLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>8205 ALTON AVE.</b> City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32211</b>	
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 <small>Signature, typed or printed name of registered agent and title, if applicable.</small>		<b>STEPHEN M. LANGLEY, PASTOR</b> <b>2-28-05</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <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	<b>D</b> <b>POOLE, E.G</b> <b>110 BROOKVIEW DR. N</b> <b>JACKSONVILLE, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>D</b> <b>POOLE, E.G</b> <b>110 BROOKVIEW DR. N</b> <b>JACKSONVILLE, FL</b>	<b>1217 LORENTO ST.</b> <b>JACKSONVILLE, FLORIDA 32211</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>DT</b> <b>JOINER, EMILY T</b> <b>1207 LAKEVIEW DR</b> <b>VALDOSTA, GA 31602</b>	<b>D</b> <b>SHELBY JEAN DRIGGERS</b> <b>8429 FREE AVE</b> <b>JACKSONVILLE, FLORIDA 32211</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<b>DL</b> <b>LANGLEY, STEPHEN</b> <b>8205 ALTON AVE</b> <b>JACKSONVILLE, FL 32211</b>	<b>D/P</b> <b>STEPHEN MERRITT LANGLEY</b> <b>8205 ALTON AVE</b> <b>JACKSONVILLE, FLORIDA 32211</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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.			
<b>SIGNATURE:</b>		<b>STEPHEN M. LANGLEY</b> <b>2-28-05</b> <b>(904) 724-0002</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	

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