

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 701533**

1. Entity Name  
**THE SOUTHSIDE PRIMITIVE BAPTIST CHURCH INC.**



Principal Place of Business  
**3737 FOREST BLVD  
JACKSONVILLE, FL 32246 US**

Mailing Address  
**P.O. BOX 54006  
JACKSONVILLE, FL 32245 US**



01262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**LANGLEY, STEPHEN M  
8205 ALTON AVE  
JACKSONVILLE, FL 32211**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stephen M. Langley* **STEPHEN M. LANGLEY, PASTOR** 1-26-06  
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DTC  
LANGLEY, STEPHEN M  
1217 LORENTO ST  
JACKSONVILLE, FL 32211**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
DRIGGERS, SHELBY JEAN  
8429 FREE AVE  
JACKSONVILLE, FL 32211**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DL  
LANGLEY, STEPHEN  
8205 ALTON AVE  
JACKSONVILLE, FL 32211**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
LANGLEY, STEPHEN M  
8205 ALTON AVE  
JACKSONVILLE, FL 32211**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000410198  
02/03/06-80026-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Stephen M. Langley* **STEPHEN M. LANGLEY** 1-26-06 (904) 724-0002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #