


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 701533</b> 1. Entity Name <b>THE SOUTHSIDE PRIMITIVE BAPTIST CHURCH INC.</b>	
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Principal Place of Business <b>3737 FOREST BLVD JACKSONVILLE, FL 32246 US</b>	Mailing Address <b>P.O. BOX 54006 JACKSONVILLE, FL 32245 US</b>
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01122008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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>

<b>6. Name and Address of Current Registered Agent</b>  <b>LANGLEY, STEPHEN M 23187 CR 121 HILLIARD, FL 32046</b>
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**DO NOT WRITE  
IN THIS SPACE**

<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.</b>
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTC LANGLEY, STEPHEN M 1217 LORENTO ST JACKSONVILLE, FL 32211</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DRIGGERS, SHELBY JEAN 8429 FREE AVE JACKSONVILLE, FL 32211</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DL LANGLEY, STEPHEN 23187 CR 121 HILLIARD, FL 32046</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP LANGLEY, STEPHEN M 23187 CR 121 HILLIARD, FL 32046</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/08-80044-024 70.00

**DO NOT WRITE  
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<b>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.</b>
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<b>SIGNATURE:</b>  <b>STEPHEN M. LANGLEY</b> <b>1-12-08</b> <b>(904) 879-4444</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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