

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701533

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE SOUTHSIDE PRIMITIVE BAPTIST CHURCH INC.

Current Principal Place of Business:

3737 FOREST BLVD
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 54006
JACKSONVILLE, FL 32245 US

New Mailing Address:

FEI Number: 59-1713932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANGLEY, STEPHEN M
23187 CR 121
HILLIARD, FL 32046 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DTC () Delete
Name: LANGLEY, STEPHEN M
Address: 1217 LORENTO ST
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: DRIGGERS, SHELBY JEAN
Address: 8429 FREE AVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: DL () Delete
Name: LANGLEY, STEPHEN
Address: 23187 CR 121
City-St-Zip: HILLIARD, FL 32046

Title: DP (X) Delete
Name: LANGLEY, STEPHEN M
Address: 23187 CR 121
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DC (X) Change () Addition
Name: LANGLEY, STEPHEN M
Address: 1217 LORENTO ST
City-St-Zip: JACKSONVILLE, FL 32211

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DPT (X) Change () Addition
Name: LANGLEY, STEPHEN M
Address: 23187 CR 121
City-St-Zip: HILLIARD, FL 32046

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN M. LANGLEY

DPT

01/16/2009

Electronic Signature of Signing Officer or Director

Date