

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90267 006 ****70.00

DOCUMENT # 725482

1. Entity Name
**THE SOUTHSIDE BAPTIST CHURCH OF JACKSONVILLE,
FLORIDA, INC.**



Principal Place of Business
1435 ATLANTIC BLVD.
JACKSONVILLE, FL 32207-3261

Mailing Address
1435 ATLANTIC BLVD.
JACKSONVILLE, FL 32207-3261

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-0704739

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STACY, R. WAYNE Ph.D.
1500 LABARON AVE. 1821 San Marco Place
STE. 1542
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE TREA ☐ Delete
NAME JOHNSON, M.Q.
STREET ADDRESS 1205 JAMICA RD E
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE SEC ☐ Delete
NAME BARNES, DONALD H
STREET ADDRESS 10754 SCOTT MILL ROAD #14
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE VP ☒ Delete
NAME CUMELLA, STEPHEN
STREET ADDRESS 1438 LAKEWOOD RD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE TRUS ☒ Delete
NAME PRICE, JIM
STREET ADDRESS 1253 TIBER LANE
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE TRUS ☐ Delete
NAME MONTOYA, MICHAEL
STREET ADDRESS 1044 SOUTH SHORES RD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE TRUS ☐ Delete
NAME SMITH, LOU
STREET ADDRESS 2111 HUGH EDWARDS DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME 1205 Jamaica Road E.
STREET ADDRESS
CITY-ST-ZIP

TITLE TRUS ☐ Change ☒ Addition
NAME Julian Hopson
STREET ADDRESS 2238 Cheryl Dr.
CITY-ST-ZIP Jacksonville, FL 32217

TITLE VP ☐ Change ☒ Addition
NAME Ty Wood
STREET ADDRESS 1521 River Oaks Rd
CITY-ST-ZIP Jacksonville, FL 32207

TITLE TRUS ☐ Change ☒ Addition
NAME Dr. William Vessels
STREET ADDRESS 10550 Baymeadows Rd #320
CITY-ST-ZIP Jacksonville, FL 32256

TITLE ☐ Change ☐ Addition
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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-07

Date

904-725-1326

Daytime Phone #