
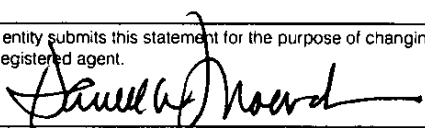
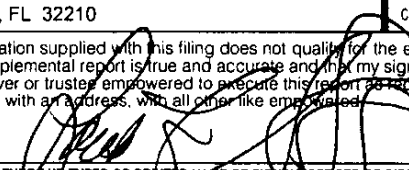


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90028 007 ****61.25

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	4. FEI Number 59-0704739	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STACY, WAYNE PHD 1821 SAN MARCO PL JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent Name Darrell Moench Street Address (P.O. Box Number is Not Acceptable) 7048 Lenczyk Drive City Jacksonville FL Zip Code 32277		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 1/29/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREA JOHNSON, M.Q. 1205 JAMAICA RD E JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC BARNES, DONALD H 10754 SCOTT MILL ROAD #14 JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR HOPSON, JULIAN 2238 CHERYL DR JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WOOD, TY 1521 RIVER OAKS RD JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUS MONTROYA, MICHAEL 1044 SOUTH SHORES RD JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUS SMITH, LOU 2111 HUGH EDWARDS DRIVE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC Brenda Fortlines 10531 Creston Glen Circle E. Jacksonville, FL 32256				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Darrell Moench 7048 Lenczyk Drive Jacksonville, FL				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRUS JIM PRICE 1253 Tiber Lane Jacksonville, FL 32207				
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 prepare 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 employees.					
SIGNATURE:  <div style="float: right; text-align: right;"> 1/23/2008 <small>Date</small> </div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					