

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745396

FILED
Mar 11, 2009
Secretary of State

Entity Name: SOUTHSIDE BUSINESS MEN'S CLUB CHARITIES, INC.

Current Principal Place of Business:

4110 SOUTHPOINT BLVD.
#123
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

4110 SOUTHPOINT BLVD.
#123
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-1870364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKINSON, MARK
4110 SOUTHPOINT BLVD. #123
#495
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

WILKINSON, MARK
4110 SOUTHPOINT BLVD. #123
JACKSONVILLE, FL 32216 US

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: _____

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MITCHELL, BELINDA
Address: 1325 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL 32207

Title: C () Delete
Name: HARRIS, TOM
Address: 7845 BAYMEADOW WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: P () Delete
Name: VOLPE, ANGELO
Address: 5121 BOWDEN RD., STE 303
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: DEAN, KEN
Address: 8649 BAYVIEW RD STE 100
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BUCHANAN, TIM
Address: 6817 SOUTHPOINT PKWY, STE 1302
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP (X) Change () Addition
Name: TUCKER, GREG
Address: 4181 SOUTHPOINT DR E, STE 400
City-St-Zip: JACKSONVILLE, FL 32216

Title: T (X) Change () Addition
Name: WILKINSON, MARK
Address: 4110 SOUTHPOINT BLVD, STE 123
City-St-Zip: JACKSONVILLE, FL 32216

Title: VP2 (X) Change () Addition
Name: DEAN, KEN
Address: 8400 BAYMEADOWS WAY, STE 1
City-St-Zip: JACKSONVILLE, FL 32256

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: MARK WILKINSON

T

03/11/2009

Electronic Signature of Signing Officer or Director

Date