

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# 753159

Entity Name: SOUTHSIDE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

3120 HENDRICKS AVE.
JACKSONVILLE, FL 322071299

New Principal Place of Business:

Current Mailing Address:

3120 HENDRICKS AVE.
JACKSONVILLE, FL 322071299

New Mailing Address:

FEI Number: 59-0760228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, JOHN G JR.
10756 CROSSWICKS RD
JACKSONVILLE, FL 32256 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: D () Delete
Name: FAWBUSH, ANDREW
Address: 917 BROOKWOOD RD.
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: PD () Delete
Name: FOSHEE, JOHN P
Address: 2733 KELSEY PLACE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: SD () Delete
Name: JARRELL, CINDY
Address: 1354 SAN MARCO
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D () Delete
Name: ATKINS, CARRIE
Address: 1005 SARATOGA RD
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VD () Delete
Name: GARNER, WOODROW
Address: 11504 SEDGEMOOR DR.
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: TD () Delete
Name: BROWN, ROBBIE
Address: 10311 STALLION RUN CT.
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WHEELER, KIM
Address: 814 GRANADA BLVD. S.
City-St-Zip: JACKSONVILLE, FL 32207 US

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

Title: SD (X) Change () Addition
Name: PRICE, PATTI
Address: 859 WATERMAN RD. S.
City-St-Zip: JACKSONVILLE, FL 32207 US

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

Title: VD (X) Change () Addition
Name: IBACH, B. J.
Address: 1335 GREENRIDGE RD.
City-St-Zip: JACKSONVILLE, FL 32207 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN P. FOSHEE

PD

04/05/2006

Electronic Signature of Signing Officer or Director

Date