

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753159

FILED
Feb 07, 2007
Secretary of State

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: WHEELER, KIM
Address: 814 GRANADA BLVD. S.
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: PRICE, PATTI
Address: 859 WATERMAN RD. S.
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: IBACH, B. J.
Address: 1335 GREENRIDGE RD.
City-St-Zip: JACKSONVILLE, FL 32207 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: D (X) Change () Addition
Name: BOOTH, BRIDGET MS
Address: 2722 RIVERWOOD LN.
City-St-Zip: JACKSONVILLE, FL 32207 US

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

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: PATTI PRICE

_____ Electronic Signature of Signing Officer or Director

SECR

02/07/2007

_____ Date