

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90132 001 \*\*\*183.75

**DOCUMENT # N00000003955**

1. Entity Name

THE SOUTHSIDE CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business

2179 EMERSON STREET  
JACKSONVILLE, FL 32207

Mailing Address

2179 EMERSON STREET  
JACKSONVILLE, FL 32207

**DO NOT WRITE IN THIS SPACE**



04082008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2369361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, EDWARD-REV.  
12308 FLYNN WOODS ROAD  
JACKSONVILLE, FL 32223

**DO NOT WRITE  
IN THIS SPACE**

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 restatesting)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD  
NAME ROBINSON, EDWARD SR.  
STREET ADDRESS 12308 FLYNN WOOD RD.  
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE VCD  
NAME FERRELL, MARVIN  
STREET ADDRESS 4039 MISSION HILLS CIR W  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE TD  
NAME ROBINSON, GEORGE  
STREET ADDRESS 2225 BRIDO ROAD  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE SD  
NAME THOMAS, ILENE  
STREET ADDRESS 3770 TOLEDO ROAD #9  
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D  
NAME EDWARDS, MARJORIE  
STREET ADDRESS 3031 REDMOND AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE VCD  
NAME DIXON, WILLIE F  
STREET ADDRESS 2409 JOHNSON AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL 32207

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IN THIS SPACE**

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:** Edward Robinson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08 - 904-398-1625  
Date Daytime Phone #