2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N00000003955

Entity Name: THE SOUTHSIDE CHURCH OF GOD IN CHRIST, INC.

Current Principal Place of Business:

2179 EMERSON STREET
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2179 EMERSON STREET
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-2369361 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBINSON, EDWARD REV.
12308 FLYNN WOODS ROAD
JACKSONVILLE, FL 32223 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:	CD	( ) Delete
Name:	ROBINSON, EDWARD SR.	
Address:	12308 FLYNN WOOD RD.	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	VCD	( ) Delete
Name:	FERRELL, MARVIN	
Address:	4039 MISSION HILLS CIR W	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	TD	( ) Delete
Name:	ROBINSON, GEORGE	
Address:	2225 BRIDO ROAD	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	SD	( ) Delete
Name:	THOMAS, ILENE	
Address:	3770 TOLEDO ROAD #9	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	D	( ) Delete
Name:	EDWARDS, MARJORIE	
Address:	3031 REDMOND AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	VCD	( ) Delete
Name:	DIXON, WILLIE F	
Address:	2409 JOHNSON AVENUE	
City-St-Zip:	JACKSONVILLE, FL 32207	

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:	SD	(X) Change ( ) Addition
Name:	THOMAS, ILENE	
Address:	8729 CANOPY OAKS DR.	
City-St-Zip:	JACKSONVILLE, FL 32256	
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 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: ROBINSON, EDWARD SR CD 04/22/2009

Electronic Signature of Signing Officer or Director — Date