2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2004 08:00 AM DOCUMENT # N01000001955 **Secretary of State** 1. Entity Name SOUTHSIDE COMMUNITY INVESTMENT INITIATIVE, INCORPORATED Principal Place of Business Mailing Address 3522 BEACH BLVD 3522 BEACH BLVD JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Ziρ Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBINSON, EDWARD SR Street Address (P.O. Box Number is Not Acceptable) 12308 FLYNNWOOD RD JACKSONVILLE FL 32223 City Zip Code 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 reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TAILE Change ☐ Addition ROBINSON, EDWARD SR NAME NAME 12308 FLYNNWOOD RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32223 CITY -ST-ZIP CITY-ST-ZIP Change Addition THILE Delete 1833.6 TAYLOR, MORRIS NAME NAME 13031 NORMEDS RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 City-St-BP CITY-ST-2IP TD Change ☐ Addition TITLE TITLE ☐ Delete WILLIAMS, GLYNDA UNDOOD28585 MAME NAME 3434-3 ATHERTON STREET 02/04/04-80033-001 61.25 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CRY-ST-ZP DS Change Addition TITLE Detete WALKER, PAULETTE NAME NAME 6414 BATES DR STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32258 CITY-ST-ZIP GITY-ST-ZIP ☐ Change Addition TITLE ☐ Detete TITLE DAVIS, WILLIE NAME NAME 12240 LAKE FERN DRIVE E STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32258 CITY-ST-ZIP CATY-ST-ZAP ☐ Addition ☐ Delete THE Change TITLE ROBINSON, TABITHA NAME MAME 12308 FLYNNWOOD RD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32207 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 1,1 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bushus

FILED