

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000001955

FILED  
Mar 21, 2006  
Secretary of State

**Entity Name:** SOUTHSIDE COMMUNITY INVESTMENT INITIATIVE, INCORPORATED

**Current Principal Place of Business:**

3522 BEACH BLVD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

2179 EMERSON STREET  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

3522 BEACH BLVD  
JACKSONVILLE, FL 32207

**New Mailing Address:**

2179 EMERSON STREET  
JACKSONVILLE, FL 32207

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBINSON, EDWARD SR  
12308 FLYNNWOOD RD  
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: EDWARD ROBINSON, SR.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: ROBINSON, EDWARD SR  
Address: 12308 FLYNNWOOD RD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD                      ( ) Delete  
Name: TAYLOR, MORRIS  
Address: 13031 NORMEDS RD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD                      ( ) Delete  
Name: WILLIAMS, GLYNDA  
Address: 3434-3 ATHERTON STREET  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DS                      ( ) Delete  
Name: WALKER, PAULETTE  
Address: 6414 BATES DR  
City-St-Zip: JACKSONVILLE, FL 32258

Title: T                      ( ) Delete  
Name: DAVIS, WILLIE  
Address: 12240 LAKE FERN DRIVE E  
City-St-Zip: JACKSONVILLE, FL 32258

Title: T                      ( ) Delete  
Name: ROBINSON, TABITHA  
Address: 12308 FLYNNWOOD RD  
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: TD                      (X) Change ( ) Addition  
Name: WILLIAMS, GLYNDA  
Address: PO BOX 47501  
City-St-Zip: JACKSONVILLE, FL 32247

Title: DS                      (X) Change ( ) Addition  
Name: WALKER, PAULETTE  
Address: PO BOX 5464  
City-St-Zip: JACKSONVILLE, FL 32247

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: EDWARD ROBINSON, SR.

PD

03/21/2006

Electronic Signature of Signing Officer or Director

Date