2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001955

FILED Jan 26, 2007 Secretary of State

Entity Name: SOUTHSIDE COMMUNITY INVESTMENT INITIATIVE, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 2179 EMERSON STREET JACKSONVILLE, FL 32207 **Current Mailing Address: 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: Name and Address of New Registered Agent: ROBINSON, EDWARD SR 12308 FLYNNWOOD RD JACKSONVILLE, FL 32223 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ROBINSON, EDWARD SR Name: Name: 12308 FLYNNWOOD RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: TAYLOR, MORRIS Name: Address: 13031 NORMEDS RD Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: (X) Change () Addition WILLIAMS, GLYNDA Name: LEWIS, RODNEY Name: Address: PO BOX 47501 Address: 4561 LISA DR. N. City-St-Zip: JACKSONVILLE, FL 32247 City-St-Zip: JACKSONVILLE, FL 32217 Title: DS () Delete Title: () Change () Addition WALKER, PAULETTE Name: Name: Address: PO BOX 5464 Address: City-St-Zip: JACKSONVILLE, FL 32247 City-St-Zip: Title: () Delete Title: (X) Change () Addition DAVIS, WILLIE FOREMAN, TERRANCE Name: Name: 12240 LAKE FERN DRIVE E 3355 CLAIRE LANE #605 Address: Address: City-St-Zip: JACKSONVILLE, FL 32258 City-St-Zip: JACKSONVILLE, FL 32223 Title: () Delete Title: (X) Change () Addition ROBINSON, TABITHA ROBINSON, TABITHA Name: Name: Address: 12308 FLYNNWOOD RD Address: 12308 FLYNNWOOD RD JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32223 City-St-Zip: 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 01/26/2007