

**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 # N01000001955

1. Entity Name
SOUTHSIDE COMMUNITY INVESTMENT INITIATIVE,
INCORPORATED



Principal Place of Business
2179 EMERSON STREET
JACKSONVILLE, FL 32207

Mailing Address
2179 EMERSON STREET
JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE



04112008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, EDWARD SR.
12308 FLYNNWOOD RD
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 re-registering)

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 PD
NAME ROBINSON, EDWARD SR
STREET ADDRESS 12308 FLYNNWOOD RD
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE VD
NAME TAYLOR, MORRIS
STREET ADDRESS 13031 NORMEDS RD
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE T
NAME LEWIS, RODNEY
STREET ADDRESS 4561 LISA DR. N.
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE DS
NAME WALKER, PAULETTE
STREET ADDRESS PO BOX 5464
CITY-ST-ZIP JACKSONVILLE, FL 32247

TITLE TD
NAME FOREMAN, TERRANCE
STREET ADDRESS 3355 CLAIRE LANE #605
CITY-ST-ZIP JACKSONVILLE, FL 32223

TITLE T
NAME ROBINSON, TABITHA
STREET ADDRESS 12308 FLYNNWOOD RD
CITY-ST-ZIP JACKSONVILLE, FL 32223

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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 Roensen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08 - 904398-1625
Date Daytime Phone #