

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001955

FILED
Apr 22, 2009
Secretary of State

Entity Name: SOUTHSIDE COMMUNITY INVESTMENT INITIATIVE, INCORPORATED

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: **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: _____

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: T () Delete
Name: LEWIS, RODNEY
Address: 4561 LISA DR. N.
City-St-Zip: JACKSONVILLE, FL 32217

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

Title: TD () Delete
Name: FOREMAN, TERRANCE
Address: 3355 CLAIRE LANE #605
City-St-Zip: JACKSONVILLE, FL 32223

Title: T () Delete
Name: ROBINSON, TABITHA
Address: 12308 FLYNNWOOD RD
City-St-Zip: JACKSONVILLE, FL 32223

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: () Change () Addition
Name:
Address:
City-St-Zip:

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.

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date