


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90116 039 ****61.25

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| DOCUMENT # N01971 1. Entity Name SOUTHSIDE ASSEMBLY OF GOD, INCORPORATED |  |
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| Principal Place of Business 2118 KINGS AVE. JACKSONVILLE, FL 32207 | Mailing Address 2118 KINGS AVE. JACKSONVILLE, FL 32207 |
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01072008 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-0914214 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
DYKES, MILTON E
2118 KINGS AVE.
JACKSONVILLE, FL 32216
7010 Tonga Dr

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D CAMPBELL, GARY 3604 BOWDEN CIRCLE EAST JACKSONVILLE, FL 32216 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P DYKES, MILTON E 7010 TONGA DRIVE JACKSONVILLE, FL 32216 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ROGERS, RONALD 4238 HABANA AVE JACKSONVILLE, FL 32217 32256 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RILEY, GREG 5909 SUMNER COURT JACKSONVILLE, FL 32216 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD CALLISON, JERRY 1344 AQUILINE ROAD JACKSONVILLE, FL 32224 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS COLBERT, DON 14230 TWIN FALLS DRIVE EAST JACKSONVILLE, FL 32224 |

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #