## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N05000006839



## **FILED** Mar 06, 2006 8:00 am Secretary of State

SOUTHSIDE REFUGE CHURCH OF OUR LORD JESUS CHRIST OF APOSTOLIC FAITH INC.							U <b>3-</b> U6-20	100 90	016 03	90	70.00		
3850 EMERSON STREET 385				ailing Address 8850 EMERSON STREET ACKSONVILLE, FL 32207				' '					
Principal Place of Business     3. Mailing Addr				ng Address	ddress								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.				02202006	Chg-NP	c	R2E037	7 (11/05)	
City & State			City	City & State				4. FEI Number 59-3028931				pplied For lot Applicable	
Zip		Country	Zip		Соц	untry		5. Certificate of			LEFT F	8.75 Ac ee Requir	
6. Name and Address of Current Registered				d Agent		11		7. Name and	Address of Ne	w Regis	stered A	gent	
NIX, JR., WILLIS PASTOR 3850 EMERSON STREET JACKSONVILLE, FL 32207					Street Address (			P.O. Box Number	r is Not Accept	able)			
		3.				City				<u></u> -		1 7:n Co	1_
		·				City					FL	Zip Co	
	tions of regist	y submits this statement to lered agent.											
SIGNATURE .		or printed name of registered agent	and title if appli				re required t	when reinstating)	<del></del>		DATE		
	Filing Fe	e is \$61.25 fay 1, 2006		9. Election Cam Trust Fund Ca	paign F	inancing		when reinstating) \$5.00 May Be Added to Fees	,		check	payable ment of \$	
10.	Filing Fe Due by M	e is \$61.25		9. Election Cam Trust Fund Co	paign F ontributi	Financing tion.		\$5.00 May Be		Florida	check Departr	ECTORS I	N 10
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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 DIFFICERIOR DIRECTOR

Date

SIGNATURE: