

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N05000006839**

1. Entity Name  
SOUTHSIDE REFUGE CHURCH OF OUR LORD JESUS  
CHRIST OF APOSTOLIC FAITH INC.



Principal Place of Business  
3850 EMERSON STREET  
JACKSONVILLE, FL 32207

Mailing Address  
3850 EMERSON STREET  
JACKSONVILLE, FL 32207



04092008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3028931</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

NIX, JR., WILLIS PASTOR  
3850 EMERSON STREET  
JACKSONVILLE, FL 32207

**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 reinstating) 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

U00000905002  
05/01/08-90035-016 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	NIX, WILLIS JR.
STREET ADDRESS	4241 LOCKHART DR N
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	VP
NAME	SMALL, WILBERT
STREET ADDRESS	3662 MCMILLIAN AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	S
NAME	BARNES, YVETTE
STREET ADDRESS	7049 MISS MUFFET LN S
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	T
NAME	SMALL, CYNTHIA
STREET ADDRESS	3662 MCMILLIAN AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	T
NAME	SIMPO, BOBBIE JEAN
STREET ADDRESS	3839 FREEMAN RD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Willis Nix Jr.*  
**April 15, 2008** 904-768-5264