

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006839

FILED  
Mar 18, 2009  
Secretary of State

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

**Current Principal Place of Business:**

3850 EMERSON STREET  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

3850 EMERSON STREET  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 59-3028931

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NIX, JR., WILLIS PASTOR  
3850 EMERSON STREET  
JACKSONVILLE, FL 32207 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: P ( ) Delete  
Name: NIX, WILLIS JR.  
Address: 4241 LOCKHART DR N  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP ( ) Delete  
Name: SMALL, WILBERT  
Address: 3662 MCMILLIAN AVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: S ( ) Delete  
Name: BARNES, YVETTE  
Address: 7049 MISS MUFFET LN S  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T ( ) Delete  
Name: SMALL, CYNTHIA  
Address: 3662 MCMILLIAN AVE  
City-St-Zip: JACKSONVILLE, FL 32208

Title: T ( ) Delete  
Name: SIMPO, BOBBIE JEAN  
Address: 3839 FREEMAN RD  
City-St-Zip: JACKSONVILLE, FL 32207

**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:

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: WILLIS NIX, JR.

P

03/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date