


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State


05-02-2005 90545 001 ****61.25

| | |
|---|---|
| DOCUMENT # N50860 |  |
| 1. Entity Name SOUTHSIDE CHRISTIAN CHURCH, INC. | |

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|--|--|
| Principal Place of Business 6755 ATLANTIC BLVD. JACKSONVILLE, FL 32211 | Mailing Address 6755 ATLANTIC BLVD. JACKSONVILLE, FL 32211 |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

12014000



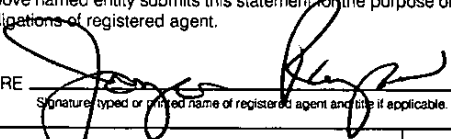
01182005 Chg-NP CR2E037 (10/03)

| | |
|---|--|
| 4. FEI Number 59-1708270 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| DEAN, SALLY C 3149 SKIPPER LANE JACKSONVILLE, FL 32216 | |

| | |
|---|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name Joyce Raynor | |
| Street Address (P.O. Box Number is Not Acceptable) 6755 Atlantic Blvd | |
| City Jacksonville | Zip Code FL 32211 |

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  DATE **4/27/05**

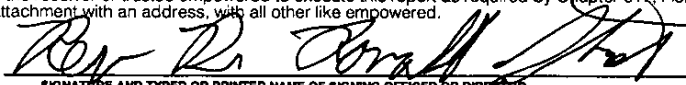
(NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|--|
| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BDM MAC EWAN, FRAN 6157 BARTRAM RD E. JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LOGAN, CHARLES E JR 3049 CARREVERS DRIVE WEST JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC BARROW, NORMAN 849 MONTEGO RD E. JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DEAN, SALLY 3149 SKIPPER LANE JACKSONVILLE, FL <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S YOUNG, JOY 6231 POTTSBURG PLANTATION BLVD. JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | /TD Joyce Raynor 6755 Atlantic Blvd Jacksonville, FL 32211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Chuck Logan III 6755 Atlantic Blvd Jacksonville, FL 32211 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **4/26/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Attachment
#N50860/14014850
Division of Corporations

2005 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

| | |
|---|----------------------------------|
| This information cannot be changed on the report. | |
| Document Number | N50860 |
| Business Entity Name | SOUTHSIDE CHRISTIAN CHURCH, INC. |
| Original File Date | 09/17/1992 |

FEI Number 59-1708270

Principal Address 6755 ATLANTIC BLVD.
JACKSONVILLE, FL 32211

Mailing Address 6755 ATLANTIC BLVD.
JACKSONVILLE, FL 32211

Registered Agent SALLY C DEAN
3149 SKIPPER LANE
JACKSONVILLE, FL 32216 US

Officer/Director Name And Address

BDM
FRAN MAC EWAN
6157 BARTRAM RD E.
JACKSONVILLE, FL 32216

TD
JR CHARLES E LOGAN
3049 CARREVERS DRIVE WEST
JACKSONVILLE, FL 32216

VC
NORMAN BARROW
849 MONTEGO RD E.
JACKSONVILLE, FL 32216

TD
SALLY DEAN
3149 SKIPPER LANE
JACKSONVILLE, FL

S
JOY YOUNG
6231 POTTSBURG PLANTATION BLVD.
JACKSONVILLE, FL 32216