

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90058 017 \*\*\*\*61.25

**60018786**



01202006 Chg-NP CR2E037 (11/05)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                                                     |                                                                  |                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N50860</b><br>1. Entity Name<br>SOUTHSIDE CHRISTIAN CHURCH, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                                     |                                                                  |                                                                                                                                  |  |
| Principal Place of Business<br>6755 ATLANTIC BLVD.<br>JACKSONVILLE, FL 32211                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                                     | Mailing Address<br>6755 ATLANTIC BLVD.<br>JACKSONVILLE, FL 32211 |                                                                                                                                  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                        |                                                                                                                                  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                                     | City & State                                                     |                                                                                                                                  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  | Country                                                                             |                                                                  | 4. FEI Number<br>59-1708270                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |                                                                                     |                                                                  | Applied For<br>Not Applicable                                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br>RAYOR, JOYCE<br>6755 ATLANTIC BLVD<br>JACKSONVILLE, FL 32211                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                  |                                                                                     |                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |
| 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<br><small>Signature, typed or printed name of registered agent, and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                                                                                     |                                                                  | DATE <u>2/15/06</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                               |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                                                     |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                                     |                                                                  |                                                                                                                                  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                  |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10            |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BDM<br>MAC EWAN, FRAN<br>6157 BARTRAM RD E.<br>JACKSONVILLE, FL 32216            | <input checked="" type="checkbox"/> Delete                                          |                                                                  |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>LOGAN, CHARLES E JR<br>3049 CARREVERS DRIVE WEST<br>JACKSONVILLE, FL 32216 | <input type="checkbox"/> Delete                                                     |                                                                  |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VC<br>BARROW, NORMAN<br>849 MONTEGO RD E.<br>JACKSONVILLE, FL 32216              | <input type="checkbox"/> Delete                                                     |                                                                  |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>RAYNOR, JOYCE<br>6755 ATLANTIC BLVD<br>JACKSONVILLE, FL 32211              | <input type="checkbox"/> Delete                                                     |                                                                  |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>LOGAN, CHUCK III<br>6755 ATLANTIC BLVD<br>JACKSONVILLE, FL 32211            | <input type="checkbox"/> Delete                                                     |                                                                  |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | BDM<br>Robert Morton<br>8445 Alderman Rd.<br>Jacksonville FL 32211               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |                                                                  |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>LOGAN, CHARLES E JR<br>3049 CARREVERS DRIVE WEST<br>JACKSONVILLE, FL 32216 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                  |                                                                                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VC<br>BARROW, NORMAN<br>849 MONTEGO RD E.<br>JACKSONVILLE, FL 32216              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |                                                                  |                                                                                                                                  |  |
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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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                  |                                                                                     |                                                                  | Date <u>2/15/06</u> <u>904 376 5299</u><br><small>Daytime Phone #</small>                                                        |  |