


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003234 (2)**

1. Corporation Name

SOUTHSIDE CHURCH OF CHRIST OF JACKSONVILLE, INC.



Principal Place of Business 220 MILL CREEK RD JACKSONVILLE FL 32211	Mailing Address 220 MILL CREEK RD JACKSONVILLE FL 32211
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/20/1993	Applied For Not Applicable
4. FEI Number 59-3199806	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROLLINSON, HAROLD 10839 CROSSTIE ROAD E. JACKSONVILLE FL 32257	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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10. Name and Address of New Registered Agent
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Harold Rollinson* DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	CD ROLLINSON, HAROLD
STREET ADDRESS	10839 CROSSTIE ROAD
CITY-ST-ZIP	JACKSONVILLE FL 32257
TITLE	<input type="checkbox"/> DELETE
NAME	SD MARTIN, VICTOR
STREET ADDRESS	12805 STOCKWOOD LANE
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	<input type="checkbox"/> DELETE
NAME	TD FUZELL, JOHN
STREET ADDRESS	1538 WINDY OAKS DR
CITY-ST-ZIP	JACKSONVILLE FL 32225
TITLE	<input type="checkbox"/> DELETE
NAME	VCD HAYES, BERNARD
STREET ADDRESS	621 FERNWORTH DR.
CITY-ST-ZIP	JACKSONVILLE FL 32211
TITLE	<input type="checkbox"/> DELETE
NAME	D THOMPSON, TREVOR
STREET ADDRESS	5439 SANTA MONICA BLVD.
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	<input type="checkbox"/> DELETE
NAME	D JOHNSON, ROLLIE
STREET ADDRESS	6261 WHISPERING OAKS DR
CITY-ST-ZIP	JACKSONVILLE FL 32277

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if filed, or on an attachment with an address.

SIGNATURE: *Harold Rollinson* DATE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)