

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 17, 1999 8:00am
Secretary of State

02-17-1999 90012 040 *****61.25

DOCUMENT # N93000003234

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/20/1993

4. FEI Number:
59-3199806

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROLLINSON, HAROLD
10839 CROSSTIE ROAD E.
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **ROLLINSON, HAROLD**
STREET ADDRESS **10839 CROSSTIE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **SD** ☐ DELETE
NAME **MARTIN, VICTOR**
STREET ADDRESS **12605 STOCKWOOD LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **TD** ☐ DELETE
NAME **FUZELL, JOHN**
STREET ADDRESS **1538 WINDY OAKS DR**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **VCD** ☐ DELETE
NAME **HAYES, BERNARD**
STREET ADDRESS **621 FERNWORTH DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **D** ☐ DELETE
NAME **THOMPSON, TREVOR**
STREET ADDRESS **5439 SANTA MONICA BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ DELETE
NAME **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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)