

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003234

1. Entity 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 32211-8206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3199806

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROLLINSON, HAROLD
10839 CROSSTIE ROAD E.
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

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

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME JOHNSON, ROLLIE
STREET ADDRESS 6261 WHISPERING OAKS DR
CITY-ST-ZIP JACKSONVILLE FL 32277

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Harold Rollinson* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

804 723-5575

Date

Daytime Phone #

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90209 017 ****61.25