

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003234

FILED
Jan 13, 2005
Secretary of State

Entity Name: SOUTHSIDE CHURCH OF CHRIST OF JACKSONVILLE, INC.

Current Principal Place of Business:

2627 SPRING GLEN ROAD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2627 SPRING GLEN ROAD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3199806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROLLINSON, HAROLD
10839 CROSSTIE ROAD E.
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: ROLLINSON, HAROLD
Address: 10839 CROSSTIE ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD () Delete
Name: MARTIN, VICTOR
Address: 12605 STOCKWOOD LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD () Delete
Name: FUZELL, JOHN
Address: 1538 WINDY OAKS DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: VCD () Delete
Name: HAYES, BERNARD
Address: 621 FERNWORTH DR.
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: THOMPSON, TREVOR
Address: 5439 SANTA MONICA BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: JOHNSON, ROLLIE
Address: 6261 WHISPERING OAKS DR
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD ROLLINSON

PRES

01/13/2005

Electronic Signature of Signing Officer or Director

Date