

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003234

FILED  
Jun 14, 2012  
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 A  
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  
Name: ROLLINSON, HAROLD A  
Address: 10839 CROSSTIE ROAD E  
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD  
Name: MARTIN, VICTOR M  
Address: 12010 BRIGHTMORE WAY  
City-St-Zip: JACKSONVILLE, FL 32246

Title: TD  
Name: FUZELL, JOHN E  
Address: 2048 FOREST GATE DR W  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D  
Name: MCKINNEY, PHILLIP M  
Address: 11628 SHERBORNE CIR S  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D  
Name: DWANN, ROLLINSON H  
Address: 2386 PINEHURST LANE  
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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 all other like empowered.

**SIGNATURE:** HAROLD ROLLINSON

CD

06/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date