

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000003234

FILED  
May 06, 2003  
Secretary of State

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

**Current Principal Place of Business:**

220 MILL CREEK RD  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

2627 SPRING GLEN ROAD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

220 MILL CREEK RD  
JACKSONVILLE, FL 32211

**New Mailing Address:**

2627 SPRING GLEN ROAD  
JACKSONVILLE, FL 32207

**FEI Number:** 59-3199806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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

CD

05/06/2003

Electronic Signature of Signing Officer or Director

Date