

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007054

FILED
Jan 15, 2007
Secretary of State

Entity Name: SOUTHPOINT COMMUNITY CHURCH, INC.

Current Principal Place of Business:

CHURCH NON-PROFIT ORG
7556 SALISBURY ROAD
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 551310
JACKSONVILLE, FL 322551310 US

New Mailing Address:

FEI Number: 59-3561355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, RUSSELL
3839 HUNT CLUB RD.
900
JACKSONVILLE, FL 32224 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: P () Delete
Name: AUSTIN, RUSSELL D
Address: 3839 HUNT CLUB RD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: V () Delete
Name: AUSTIN, DEBRA K
Address: 3839 HUNT CLUB RD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: B () Delete
Name: JOEL, SMEENGE
Address: 25 SOUTH SECOND
City-St-Zip: JACKSONVILLE, FL 3225

Title: S () Delete
Name: BRUNELL, MARK Q
Address: 652 DEERFIELD FARM CT
City-St-Zip: GREAT FALLS, VA 22066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: B (X) Change () Addition
Name: JOEL, SMEENGE
Address: 25 SOUTH SECOND
City-St-Zip: JACKSONVILLE, FL 32250

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 Chapter 119, 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: RUSSELL AUSTIN

P

01/15/2007

Electronic Signature of Signing Officer or Director

Date