

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700934 (3)
1. Corporation Name
RIVERSIDE BAPTIST CHURCH



Principal Place of Business: 2650 PARK ST JACKSONVILLE FL 32204
Mailing Address: 2650 PARK ST JACKSONVILLE FL 32204

3. Date Incorporated or Qualified: 05/09/1960
3a. Date of Last Report: 02/24/1995
4. FEI Number: 59-0651100
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt #, etc.: 22 City & State: 23 Zip: 24
2a. Mailing Address: 26 Suite, Apt #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**DITTMAR, C HARRIS
THE BEDELL BLDG 101 E ADAMS ST
JACKSONVILLE, FL 32202**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable: (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEDRICK, JANE	
STREET ADDRESS	1375 EDGEWOOD AVE., S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOTE, HENRY	
STREET ADDRESS	4401 LAKESIDE #1202	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STEPHENSON, KEVIN	
STREET ADDRESS	3521 RAIN FOREST DR., W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, HERMAN	
STREET ADDRESS	4207 CONFEDERATE PT. RD., NO. 16	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEACH, TOM	
STREET ADDRESS	1974 SAN MARIE DR., N.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYNCH, HAL	
STREET ADDRESS	4952 ORTEGA FOREST DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Motes, Henry G.	
1.3 STREET ADDRESS	4401 Lakeside Drive #1202	
1.4 CITY-ST-ZIP	Jacksonville, FL 32210-9363	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Creed, Rebecca	
2.3 STREET ADDRESS	3675 Pine Street	
2.4 CITY-ST-ZIP	Jacksonville, FL 32205-9456	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Coogan, Laura A.	
3.3 STREET ADDRESS	3568 Valencia Road	
3.4 CITY-ST-ZIP	Jacksonville, FL 32205	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mixson, Joyce	
5.3 STREET ADDRESS	340 Deer Run Drive S.	
5.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082-9647	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 prepare this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rebecca B. Creed, Laura A. Coogan, Henry G. Motes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone #

CR2E037 (12/95)

1996 NONPROFIT CORPORATION
ANNUAL REPORT FOR
RIVERSIDE BAPTIST CHURCH
#59-0651100
Document #700934

#13. Additions/Changes to
Officers and Directors

D
Mock, James
4358 Timuquana Rd. No 100
Jacksonville, Fl 32210-8544

D
Dittmar, C. Harris
4031 Timuquana Road
Jacksonville, Fl 32210-8531

D
Miller, Fred B.
1840 Seminole Road
Jacksonville, Fl 32205-9130