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**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90133 013 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 700934

1. Corporation Name  
**RIVERSIDE BAPTIST CHURCH**

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



21	2. Principal Place of Business	2a	Mailing Address	3.	Date incorporated or Qualified	
					05/09/1960	
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number	Applied For
		27			59-0651100	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
		29			<input type="checkbox"/>	
24	Zip	30	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DITTMAR, C HARRIS THE BEDELL BLDG 101 E ADAMS ST JACKSONVILLE, FL 32202				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTES, HENRY G.		1.2 NAME	W. Alvin Watson	
STREET ADDRESS	4401 LAKESIDE DR #1202		1.3 STREET ADDRESS	13654 Myrica Ct.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREED, REBECCA		2.2 NAME	William H. Maddox, Jr.	
STREET ADDRESS	3675 PINE STREET		2.3 STREET ADDRESS	4200 Ortega Forest Dr	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOGAN, LAURA A.		3.2 NAME	Debi Stephenson	
STREET ADDRESS	3568 VALENCIA ROAD		3.3 STREET ADDRESS	3698 Hedrick St.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, W. ALVIN		4.2 NAME	Dan Watkins	
STREET ADDRESS	13654 MYRICA CT.		4.3 STREET ADDRESS	3828 Cambay Place	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, FRED		5.2 NAME	REbecca Creed	
STREET ADDRESS	1840 SEMINOLE RD.		5.3 STREET ADDRESS	3675 Pine St	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, FL	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRET, MARY		6.2 NAME		
STREET ADDRESS	3946 ST. JOHNS AVE., APT. 62		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 execute 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, with all other like empowered.

SIGNATURE: Debi Stephenson DATE: 4/21/99 DAYTIME PHONE: 904-388-7692

CR2E037 (1/198)