

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90061 044 ****61.25

DOCUMENT # 700934

1. Entity Name

RIVERSIDE BAPTIST CHURCH

Principal Place of Business

Mailing Address

2650 PARK ST
 JACKSONVILLE FL 32204

2650 PARK ST
 JACKSONVILLE FLA 32204-4520

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0651100

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DITTMAR, C HARRIS
THE BEDELL BLDG 101 E ADAMS ST
JACKSONVILLE, F L 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WATSON, W. ALVIN	
STREET ADDRESS	13654 MYRICA CT	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MADDOX, WILLIAM H JR	
STREET ADDRESS	4200 ORTEGA FOREST DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	STEPHENSON, DEBI	
STREET ADDRESS	3698 HEDRICK ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATKINS, DAN	
STREET ADDRESS	3828 CAMBAY PLACE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CREED, REBECCA	
STREET ADDRESS	3675 PINE ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PERRET, MARY	
STREET ADDRESS	3946 ST. JOHNS AVE., APT. 62	
CITY-ST-ZIP	JACKSONVILLE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stevens, Leroy S.	
STREET ADDRESS	4748 Avon Lane	
CITY-ST-ZIP	Jacksonville, FL 32210-7504	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Watkins, Daniel	
STREET ADDRESS	3828 Cambay Place	
CITY-ST-ZIP	Jacksonville, FL 32210-5182	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wall, William S.	
STREET ADDRESS	1301 1st Street South #1005	
CITY-ST-ZIP	Jacksonville Beach, FL 32250-7305	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephenson, Debi	
STREET ADDRESS	3698 Hedrick Street	
CITY-ST-ZIP	Jacksonville, FL 32205-9456	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Motes, Henry G.	
STREET ADDRESS	4401 Lakeside Drive #1202	
CITY-ST-ZIP	Jacksonville, FL 32210-3363	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] Leroy Stevens 2/16/00 904/781/9011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone #

CR2E037 (9/99)