

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90962 024 ****61.25

0002802

DOCUMENT # 700934

1. Entity Name

RIVERSIDE BAPTIST CHURCH

Principal Place of Business

Mailing Address

**2650 PARK ST
 JACKSONVILLE FL 32204**

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 JACKSONVILLE FL 32204**

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 FL 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: FEE 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEVENS, LEROY S	
STREET ADDRESS	4748 AVON LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WATKINS, DANIEL	
STREET ADDRESS	3828 CAMBAY PL	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GAINES, LEE	
STREET ADDRESS	3239 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEPHENSON, DEBI	
STREET ADDRESS	3698 HEDRICK ST	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	CREED, REBECCA	
STREET ADDRESS	3675 PINE ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTES, HENRY G	
STREET ADDRESS	4401 LAKESIDE DR #1202	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph Chambers	
STREET ADDRESS	4826 Ortega Forest Drive	
CITY-ST-ZIP	Jacksonville, FL 32210-7525	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joyce Mixon	
STREET ADDRESS	340 Deer Run Dr. S.	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082-3509	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephenson, Kevin	
STREET ADDRESS	3698 Hedrick Street	
CITY-ST-ZIP	Jacksonville, FL 32205-9456	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darby, Robert	
STREET ADDRESS	1125 Eutaw Place	
CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hyman, Ann	
STREET ADDRESS	2950 St. Johns Ave., #2	
CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ralph Chambers
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 07 2002

Date

904 766 8488

Daytime Phone #

CR2E037 (9/01)