


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90001 040 ****61.25

DOCUMENT # 700934
 1. Entity Name
RIVERSIDE BAPTIST CHURCH



Principal Place of Business
 2650 PARK ST
 JACKSONVILLE, FL 32204

Mailing Address
 2650 PARK ST
 JACKSONVILLE, FL 32204

54069611



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

07262004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
DITTMAR, C HARRIS
THE BEDELL BLDG 101 E ADAMS ST
JACKSONVILLE, FL 32202

4. FEI Number
59-0651100

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name **JIM O. MOODY**
 Street Address (P.O. Box Number is Not Acceptable)
4651 SALISBURY ROAD, SUITE 170
 City **JACKSONVILLE** **FL** Zip Code **32256**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jim O. Moody DATE 8/8/2004

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

Filing Fee is \$61.25 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIXSON, JOYCE 340 DEER RUN DRIVE SOUTH PONTE VEDRA BEACH, FL 320823509 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DITTMAR, HARRIS 4031 TIMUQUANA ROAD JACKSONVILLE, FL 322108531 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STEPHENSON, KEVIN 3698 HENDRICK STREET JACKSONVILLE, FL 322059456 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARBY, ROBERT 1125 EUTAW PLACE JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYMAN, ANN 2950 ST JOHNS AVENUE, #2 JACKSONVILLE, FL 32205 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CREED, REBECCA 4229 ORTEGA PLACE JACKSONVILLE, FL 322106016 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Carl P. Sandusky 4817 Water Oak Lane Jacksonville, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert Bazemore 4242 Ortega Blvd #9 Jacksonville, Florida 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Carl P. Sandusky **8/8/2004** **(904) 387-6674**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #