

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700934

FILED
Mar 29, 2009
Secretary of State

Entity Name: RIVERSIDE BAPTIST CHURCH

Current Principal Place of Business:

2650 PARK ST
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

2650 PARK ST
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-0651100 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOODY, JIM O
4651 SALISBURY RD
STE 170
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MOODY, JIM O
Address: 4651 SALISBURY RD STE 170
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: V () Delete
Name: MILLER, FRED B JR
Address: 1840 SEMINOLE ROAD
City-St-Zip: JACKSONVILLE, FL 322059130 US

Title: STD () Delete
Name: BENTON, MARY ANNE
Address: 1549 BLANDING BLVD
City-St-Zip: JACKSONVILLE, FL 322101801 US

Title: D () Delete
Name: JOHNSON, MARY RUTH
Address: 1401 CHALLEN AVENUE
City-St-Zip: JACKSONVILLE, FL 322057809 US

Title: D () Delete
Name: CATRETTE, JOANNA
Address: 5733 PINE AVENUE
City-St-Zip: ORANGE PARK, FL 320036101 US

Title: D () Delete
Name: BAZEMORE, ROBERT
Address: 4242 ORTEGA BLVD #9
City-St-Zip: JACKSONVILLE, FL 322106016 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM O. MOODY

C

03/29/2009

Electronic Signature of Signing Officer or Director

_____ Date