

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90467 047 ****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**

30039034



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-0651100**

Applied For
Not Applicable

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

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **CHAMBERS, RALPH**
STREET ADDRESS **4826 ORTEGA FOREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210-7525**

TITLE **PD** Change Addition
NAME **Mixson, Joyce**
STREET ADDRESS **340 Deer Run Drive South**
CITY-ST-ZIP **Ponte Vedra Beach, FL 32082-3509**

TITLE **V** Delete
NAME **MIXON, JOYCE**
STREET ADDRESS **340 DEER RUN DR. S.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082-3509**

TITLE **V** Change Addition
NAME **Dittmar, Harris**
STREET ADDRESS **4031 Timuquana Road**
CITY-ST-ZIP **Jacksonville, FL 32210-8531**

TITLE **STD** Delete
NAME **STEPHENSON, KEVIN**
STREET ADDRESS **3698 HENDRICK STREET**
CITY-ST-ZIP **JACKSONVILLE FL 32205-0456**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **D** Delete
NAME **DARBY, ROBERT**
STREET ADDRESS **1125 EUTAW PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **D** Delete
NAME **HYMAN, ALICE**
STREET ADDRESS **2950 ST JOHNS AVENUE, #2**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **D** Change Addition
NAME **Hyman, Ann**
STREET ADDRESS **2950 St. Johns Avenue, #2**
CITY-ST-ZIP **Jacksonville, FL 32205**

TITLE **D** Delete
NAME **MOTES, HENRY G**
STREET ADDRESS **4401 LAKESIDE DR #1202**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **D** Change Addition
NAME **Creed, Rebecca**
STREET ADDRESS **4229 Ortega Place**
CITY-ST-ZIP **Jacksonville, FL 32210-6016**

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 info empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-03 **904-285-2342**
Date Daytime Phone #

CR2E037 (10/02)