

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 702095 (1)

95 JAN 23 AM 9:05

1. Corporation Name
RIVERVIEW BAPTIST CHURCH OF JACKSONVILLE, FLORID
A, INC.

Principal Place of Business Mailing Address
RIVERVIEW BAPTIST CHURCH 1941 BELVEDERE ST.
1941 BELVEDERE STREET JACKSONVILLE FL 32208
JACKSONVILLE FL 32208 JACKSONVILLE FL 32208
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/03/1961	3a. Date of Last Report 01/20/1994
4. FBI Number 59-6019815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
KNIGHT, DAVID
1941 BELVEDERE ST.
JACKSONVILLE FL 32208

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE *David Knight* David Knight, P. 1-18-95
Signature, typed or printed name of registered agent and year if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNIGHT, DAVID 1507 BASSETT ROAD JACKSONVILLE FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, JACK 10513 DODD RD. JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STOKES, EUSTACE 1878 BASSETT ROAD JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNGBLOOD, IMOGENE 1737 BASSETT ROAD JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORTON, DALE 1452 BASSETT RD JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Treasurer Grady Wetherington 4101 Trout River Blvd. Jacksonville, Fl. 32208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Trustee Jeanette Morton 1452 Bassett Road Jacksonville, Fl. 32208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Knight* David Knight, P. 1-18-95 1-904-764-4509
Signature and typed or printed name of signing officer or director Date (Type in block 8)