

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Mar 11 1996 8:00 am  
Secretary of State

**DOCUMENT # 702095 (1)**

1. Corporation Name

**RIVERVIEW BAPTIST CHURCH OF JACKSONVILLE, FLORIDA, INC.**



Principal Place of Business

Mailing Address

RIVERVIEW BAPTIST CHURCH  
1941 BELVEDERE STREET  
JACKSONVILLE FL 32208  
US

RIVERVIEW BAPTIST CHURCH  
1941 BELVEDERE ST.  
JACKSONVILLE FL 32208  
US

3. Date Incorporated or Qualified <b>03/03/1961</b>	3a. Date of Last Report <b>01/23/1995</b>
4. FEI Number <b>59-6019815</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KNIGHT, DAVID**  
1941 BELVEDERE ST.  
JACKSONVILLE FL 32208

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0502, Florida Statutes.

SIGNATURE *David Knight* **David Knight, Pastor** 1-18-96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KNIGHT, DAVID</b>	
STREET ADDRESS	<b>1507 BASSETT ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32208</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ALLEN, JACK</b>	
STREET ADDRESS	<b>10513 DODD RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WETHERINGTON, GRADY</b>	
STREET ADDRESS	<b>4101 TROUT RIVER BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>YOUNGBLOOD, IMOGENE</b>	
STREET ADDRESS	<b>1737 BASSETT ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MORTON, JEANETTE</b>	
STREET ADDRESS	<b>1452 BASSETT ROAD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>Inez Carver</b>		
3.3 STREET ADDRESS	<b>10710 Meadowlea Drive</b>		
3.4 CITY-ST-ZIP	<b>Jacksonville, FL 32218</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>800001739258</b>		
5.3 STREET ADDRESS	<b>-03/12/96--01011--001</b>		
5.4 CITY-ST-ZIP	<b>***70.00</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 119.07(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, Pastor** 1-18-96 1-904-764-4509  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)

*Jmm*  
*2/11/96*