

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 702095 (1)**

1. Corporation Name  
**RIVERVIEW BAPTIST CHURCH OF JACKSONVILLE, FLORIDA, INC.**



Principal Place of Business <b>RIVERVIEW BAPTIST CHURCH 1941 BELVEDERE STREET JACKSONVILLE FL 32208 US</b>	Mailing Address <b>RIVERVIEW BAPTIST CHURCH 1941 BELVEDERE ST. JACKSONVILLE FL 32208-2211 US</b>
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3. Date Incorporated or Qualified <b>03/03/1961</b>	3a. Date of Last Report <b>03/11/1996</b>
4. FEI Number <b>59-6019815</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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

**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

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 617.0503, Florida Statutes.

SIGNATURE: *David Knight* **David Knight, Pastor** **1-6-97**  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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 checked="" 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 type="checkbox"/> DELETE
NAME	<b>CARVER, INEZ</b>
STREET ADDRESS	<b>10710 MEADOWLEA DRIVE</b>
CITY - ST - ZIP	<b>JACKSONVILLE FL 32218</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

1.1 TITLE	<b>Trustee</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Lewis Gilliard</b>
1.3 STREET ADDRESS	<b>9073 Washington Ave.</b>
1.4 CITY - ST - ZIP	<b>Jax., Fl. 32208</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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** **1-6-97 904-764-4509**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #0005023

CR2E037 (9/96)