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FILED
Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 702095 (1)
 1. Corporation Name
RIVERVIEW BAPTIST CHURCH OF JACKSONVILLE, FLORID A, INC.

Principal Place of Business RIVERVIEW BAPTIST CHURCH 1941 BELVEDERE STREET JACKSONVILLE FL 32208 US	Mailing Address RIVERVIEW BAPTIST CHURCH 1941 BELVEDERE ST. JACKSONVILLE FL 32208 US
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3. Date Incorporated or Qualified
03/03/1961

4. FEI Number **59-6019815** Applied For Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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 **FL** 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, PASTOR** 1-9-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEWIS GILLIARD 9073 WASHINGTON AVE. JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
	TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	WALTER LUNDQUIST 3523 SOUTEL DRIVE JAX., FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, JACK 10513 DODD RD. JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
	TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	BOBBIE HARRIS 3675 DEERFIELD COUNTRY CLUB ROAD CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARVER, INEZ 10710 MEADOWLEA DRIVE JACKSONVILLE FL 32218 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
	TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition	LEWIS GILLIARD 9073 WASHINGTON AVE. JAX., FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNGBLOOD, IMOGENE 1737 BASSETT ROAD JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORTON, JEANETTE 1452 BASSETT ROAD JACKSONVILLE FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** 1-9-98

CH2E037 (10/97)