

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702095

1. Entity Name

RIVERVIEW BAPTIST CHURCH OF JACKSONVILLE, FLORID

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90187 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

RIVERVIEW BAPTIST CHURCH  
 1941 BELVEDERE STREET  
 JACKSONVILLE FL 32208  
 US

RIVERVIEW BAPTIST CHURCH  
 1941 BELVEDERE ST.  
 JACKSONVILLE FLA 32208-2211  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6019815**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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**

KNIGHT, DAVID  
 1941 BELVEDERE ST.  
 JACKSONVILLE FL 32208

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	T	<input type="checkbox"/> Delete
NAME	LUNDQUIST, WALTER	
STREET ADDRESS	3523 SOUDEL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, BOBBIE	
STREET ADDRESS	3675 DEERFIELD COUNTRY CLUB ROAD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARVER, INEZ	
STREET ADDRESS	10710 MEADOWLEA DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEWIS, GILLIARD	
STREET ADDRESS	9073 WASHINGTON AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: *David Knight* **David Knight** 1-10-2000 904-764-4509  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)