

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90011 049 \*\*\*\*61.25

**DOCUMENT # 702095**

1. Entity Name

**RIVERVIEW BAPTIST CHURCH OF JACKSONVILLE, FLORID**

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**



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

**APPLIED FOR**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>TRUSTEE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>CHARLES CARTER</b>	
CITY-ST-ZIP	<b>9721 SAPPINGTON AVE          JACKSONVILLE, FL 32208</b>	<input checked="" type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2001

904-764-4509

Date

Daytime Phone #

CR2E037 (10/00)