

2002 UNIFORM BUSINESS REPORT (UBR)

1/3:

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-31-2002 90020 045 ****61.25

DOCUMENT # 702095

1. Entity Name

RIVERVIEW BAPTIST CHURCH OF JACKSONVILLE, FLORIDA, INC.

Fed
59

80014700



DO NOT WRITE IN THIS SPACE

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**

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

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 Delete
 NAME **LUNDQUIST, WALTER**
 STREET ADDRESS **3523 SOUTEL DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **HARRIS, BOBBIE**
 STREET ADDRESS **3675 DEERFIELD COUNTRY CLUB ROAD**
 CITY-ST-ZIP **CALLAHAN FL 32011**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CARVER, INEZ**
 STREET ADDRESS **10710 MEADOWLEA DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CARTER, CHARLES**
 STREET ADDRESS **8721 SAPPINGTON AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(1), 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:

Imez Carver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/02
 Day

904-765-7619
 Daytime Phone #

CR2E037 (9/01)