

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **736389** (8)
1. Corporation Name
RIVERSIDE BAPTIST CHURCH OF DADE COUNTY, FLORIDA, INC.



Principal Place of Business: 10775 SW 104 ST. MIAMI FL 33176
Mailing Address: 10775 SW 104 ST. MIAMI FL 33176

3. Date Incorporated or Qualified: 07/15/1976
3a. Date of Last Report: 04/05/1995
4. FEI Number: 59-0737902
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**WILLIAMS, EUGENE E
9130 S. DADELAND BLVD., #1100
CORAL GABLES, FL
MIAMI FL 33156**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	Chairman/Deacons DC
NAME	WILKES, JOHN	1.2 NAME	Ronald Todd, Jr.
STREET ADDRESS	4218 BRAGANZA ST.	1.3 STREET ADDRESS	10922 SW 135 Place
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Florida 33186
TITLE	T	2.1 TITLE	
NAME	KUBLIN, NORMAN	2.2 NAME	
STREET ADDRESS	8424 SW 102 PL	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	Dee Chairman/Deacons DV
NAME	KUBLIN, NORMAN	3.2 NAME	Willard Rose
STREET ADDRESS	8424 SW 102 PLACE	3.3 STREET ADDRESS	11404 SW 106 Avenue
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	Miami, FL 33176
TITLE	DS	4.1 TITLE	Secretary of Deacons DS
NAME	MCCORMICK, RICHARD D	4.2 NAME	Richard Mayo
STREET ADDRESS	10311 SW 119 ST	4.3 STREET ADDRESS	12222 SW 104 Lane
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33186
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	50000179.21803
CITY-ST-ZIP		5.4 CITY-ST-ZIP	03/22/96--01016--001
TITLE		6.1 TITLE	**370.00
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONALD TODD, JR., CHAIRMAN OF DEACONS

1/21/96 305-233-7128
Date Daytime Phone #

CR2E037 (12/95)

305-233-7128